

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE

/ /

Rx

IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT BE  
DISPENSED, THE PRACTITIONER MUST HAND WRITE THE WORDS,  
"BRAND NECESSARY".

Dr: \_\_\_\_\_

Refills 1 2 3 4 \_\_\_\_\_

DEA #: \_\_\_\_\_

No Refills Void After \_\_\_\_\_

**VALID FOR CONTROLLED SUBSTANCES**