

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE

/ /

Rx

SUBSTITUTION PERMISSIBLE

Dr. _____

Medical License #: _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HAND WRITE, "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

Refills 1 2 3 4 _____
 No Refills Void After _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES