

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE

/ /

R_x

A prescriber may prohibit the selection of an equivalent drug product by handwriting on the prescription drug order the words, "Brand Necessary" or words of similar meaning.

Refills 1 2 3 4 _____

No Refills Void After _____

Dr. _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES