

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE

/

/

R_x

In order for no substitution to take place, the prescriber shall hand write, "*Brand Necessary*" or "*No Substitution*" on this prescription blank.

Refills 1 2 3 4 _____

No Refills Void after _____

Dr: _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES