

ABC Teaching Hospital

AW1234567-00000-00000

Patient Name

Phone

D.O.B.

Sex M

F

Address

Primary Insurer

Rx

Quantity

Check box

1-24

25-49

50-74

75-100

101-150

151 +

Units _____

Refills

1 2

3 4

5 NR

X

DATE

DO NOT SUBSTITUTE
 WORKER'S COMP

Prescription is void if the number of drugs prescribed is not noted. 1 2 3

RXL113
SP05

- [Long Doctor's Name, M.D.] • NPI: [1231232121] • DEA: [XX1234567-12345] • CA Lic: [XX12345]
 [Address #1 123456 Long Street Name, Suite 12345] • [Large City Name, CA 12345] • [123-123-1234]
 [Address #2 123456 Long Street Name, Suite 12345] • [Large City Name, CA 12345] • [123-123-1234]
 [Address #3 123456 Long Street Name, Suite 12345] • [Large City Name, CA 12345] • [123-123-1234]