

# ABC Teaching Hospital

AW1234567-00000-00000

Patient Name

Phone

D.O.B.

Sex M   
F 

Address

Primary Insurer

**Rx**

	Initial Quantity	Initial Quantity	# of Refills	Refill Quantity	Refill Quantity
<b>#1</b> <input type="checkbox"/> Do Not Substitute <input type="checkbox"/> Worker's Comp		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over Units _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NR		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over Units _____
<b>#2</b> <input type="checkbox"/> Do Not Substitute <input type="checkbox"/> Worker's Comp		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over Units _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NR		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over Units _____
<b>#3</b> <input type="checkbox"/> Do Not Substitute <input type="checkbox"/> Worker's Comp		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over Units _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NR		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over Units _____

**X**

DATE

RXLF413  
SP05Prescription is void if the number of drugs prescribed is not noted.    1    2    3

- [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]