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
#1 ☐ Do Not Substitute ☐ Worker's Comp		☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over Units_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NR		☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over Units_____
#2 ☐ Do Not Substitute ☐ Worker's Comp		☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over Units_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NR		☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over Units_____
#3 ☐ Do Not Substitute ☐ Worker's Comp		☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over Units_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NR		☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-100 ☐ 101-150 ☐ 151 & over Units_____

X DATE

RXLF433
SP05

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