

PATIENT'S FULL NAME

SEX

DATE OF BIRTH

/ /

ADDRESS

DATE

/ /

R_x

NONACUTE PAIN

ACUTE PAIN EXCEPTION

In order for a prescriber to prohibit the substitution of a brand name product with a generic drug, the words "**Medically Necessary**" must appear in the prescriber's own handwriting on the prescription.

Refills 1 2 3 4 _____

No Refills Void After _____

Tagline

PRESCRIBER'S SIGNATURE

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES