

PATIENT'S FULL NAME	PHONE NUMBER	AGE	SEX
ADDRESS		DATE	/ /

Rx

In order for no substitution to take place, the prescriber shall hand write, "No Substitution" or "No Sub" on the face of this prescription blank.

Refills 1 2 3 4 _____
 No Refills Void After _____

Dr: _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES