

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

R_x

No pharmacist shall substitute or cause to be substituted any like drug, medicine, chemical or pharmaceutical preparation without authority of the prescriber or purchaser.

Dr. _____

Refills 1 2 3 4 _____

DEA #: _____

No Refills Void After _____

VALID FOR CONTROLLED SUBSTANCES