

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

R_x

In order to require no substitution of a brand name drug, the practitioner must hand write the phrase, "**No Substitution**", or the notation, "**N.S.**", or words with similar meaning.

Refills 1 2 3 4 _____
 No Refills Void After _____

Dr. _____

DEA # _____

VALID FOR CONTROLLED SUBSTANCES