

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

Rx

A generically equivalent drug product may be dispensed unless the practitioner handwrites the words, "**Brand Necessary**" or "**Brand Medically Necessary**" on the face of the prescription.

Refills 1 2 3 4 \_\_\_\_\_  
 No Refills Void After \_\_\_\_\_

Dr. \_\_\_\_\_

DEA #: \_\_\_\_\_

**VALID FOR CONTROLLED SUBSTANCES  
 IN SCHEDULES III, IV AND V**