

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

Rx

In order for a prescriber to prohibit the substitution of a brand name product with a generic drug, the words, "**Dispense as Written**", "**D.A.W.**", "**Do Not Substitute**", or "**Medically Necessary**" must appear in the prescriber's own handwriting.

Refills 1 2 3 4 _____
 No Refills Void After _____

Dr: _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES