

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

Rx

In order for the prescribing practitioner to prohibit the substitution of a brand name product with a generic drug, the phrase, "**No Substitution**" (or for Medicaid or ConnPACE patients, the phrase, "**Brand Medically Necessary**") must appear in the practitioner's own handwriting.

Refills 1 2 3 4 _____
 No Refills Void After _____

Prescribing Practitioner: _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES