

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, "**Do Not Substitute**" must appear in the prescriber's own handwriting.

Refills 1 2 3 4 \_\_\_\_\_

No Refills Void After \_\_\_\_\_

Dr: \_\_\_\_\_

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

**VALID FOR CONTROLLED SUBSTANCES**