

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

R<sub>x</sub>



Another brand of a generically equivalent product, identical in dosage, form, and content of active ingredients, may be dispensed unless initialed, "D.A.W.".

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

Prescriber: \_\_\_\_\_

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

**VALID FOR CONTROLLED SUBSTANCES**