

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE

/ /

Rx

In order for the prescriber to prohibit the substitution of a brand name product with a generic drug, the phrase, "*Dispense As Written*" or the notation, "*D.A.W.*" must appear in prescriber's own handwriting.

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

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

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

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

**VALID FOR CONTROLLED SUBSTANCES**