

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

Rx

In order for no substitution to take place, the prescriber shall hand write, "No Substitution" or "No Sub" on the face of this prescription blank.

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

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

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

**VALID FOR CONTROLLED SUBSTANCES**