

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE

/

/

**R<sub>x</sub>**

In order for no substitution to take place, the prescriber shall hand write, "*Brand Necessary*" or "*No Substitution*" on this prescription blank.

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

*No Refills* Void after \_\_\_\_\_

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

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

**VALID FOR CONTROLLED SUBSTANCES**