

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE OF ISSUANCE

/ /

Rx

In order for no substitution to take place, the prescriber shall hand write, "*Brand Medically necessary*" on this prescription blank.

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

SIGNATURE OF PRESCRIBER

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

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

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

**VALID FOR CONTROLLED SUBSTANCES**