

Doctor's Name, M.D.

123 Main Street, Suite 100

Anytown, CA 91234

Phone (123) 456-7890 • Fax (123) 456-7890

DEA# AB1234567 • LIC# A12345 • NPI# 1234567890

LOT # C00000

XXXXX

PATIENT NAME _____ DOB _____

ADDRESS _____

PRESCRIBER _____ DATE _____

1) 	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills: <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do Not Substitute – Initials _____
2)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills: <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do Not Substitute – Initials _____
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills: <input type="checkbox"/> NR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Do Not Substitute – Initials _____

Prescription is **VOID** if the number of drugs prescribed is not noted: _____

CARX2 (10/17) SP24