

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH • THERMOCHROMIC INK • CHEMICAL VOID ALTERATION FEATURES • MICROPRINT RULES THAT READ "CALIFORNIA SECURITY PRESCRIPTION" ON THE FACE OF THE FORM • A WATERMARK ON THE BACK THAT READS "CALIFORNIA SECURITY PRESCRIPTION" • OPAQUE RX • SEQUENTIAL #

**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 # C25295



PATIENT NAME \_\_\_\_\_

DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

PRESCRIBER SIGNATURE **X** \_\_\_\_\_

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
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
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



Serial # SWA001A00001

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

CARX2/ADV-2 (01/20) **SP24**