THIS DOCUMENT CONTAINS A VOID PANTOGRAPH - THERMOCHROMIC INK - CHEMICAL VOID ALTERATION FEATURES - LOT # AN OPAQUE WATERMARK ON THE BACK THAT READS "CALIFORNIA SECURITY PRESCRIPTION" - SECURITY REVERSE RX - SEQUENTIAL #

HOSPITAL / MEDICAL CENTER
Specialty
123 Main Street, Suite 100
Anytown, CA 91234
Phone (123) 456-7890
Fax (123) 456-7890

❒ **Doctor's Name, MD**
LIC# A12345 • DEA# AB1234567

❒ **Doctor's Name, MD**
LIC# A12345 • DEA# AB1234567

❒ **Doctor's Name, MD**
LIC# A12345 • DEA# AB1234567

LOT # C00000
XXXXX

Patient Name: Address: DOB:

❒ Do not substitute Initials _____
Prescription is **VOID** if the number of drugs prescribed is not noted. _____

Prescriber Signature:
(X)

Date:

1-24	25-49	50-74	75-100	101-150	151 +	Rx	Instructions	MG or % SOL	# CC	# REFILLS
❒	❒	❒	❒	❒	❒					❒NR ❒1 ❒2 ❒3 ❒4 ❒5
❒	❒	❒	❒	❒	❒					❒NR ❒1 ❒2 ❒3 ❒4 ❒5
❒	❒	❒	❒	❒	❒					❒NR ❒1 ❒2 ❒3 ❒4 ❒5
❒	❒	❒	❒	❒	❒					❒NR ❒1 ❒2 ❒3 ❒4 ❒5

CARX4B (10/17) **SP24**