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

HOSPITAL / MEDICAL CENTER

Specialty

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

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

LOT # C00000
XXXXX

PATIENT NAME _____ DOB _____

ADDRESS _____

PRESCRIBER _____ DATE _____

1) Rx (WARNING: VOID IF ERASE WILL TAKE PLACE WHEN RUBBED WITH THUMB)

Quantity: ❒ 1-24 ❒ 25-49 ❒ 50-74 ❒ 75-100 ❒ 101-150 ❒ 151 and over Units _____
Refills: ❒ NR ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5
❒ Do Not Substitute – Initials _____

2)

Quantity: ❒ 1-24 ❒ 25-49 ❒ 50-74 ❒ 75-100 ❒ 101-150 ❒ 151 and over Units _____
Refills: ❒ NR ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5
❒ Do Not Substitute – Initials _____

3)

Quantity: ❒ 1-24 ❒ 25-49 ❒ 50-74 ❒ 75-100 ❒ 101-150 ❒ 151 and over Units _____
Refills: ❒ NR ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5
❒ Do Not Substitute – Initials _____

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