

Doctor's Name, M.D.

Practice

123 Main Street, Suite 100

Anytown, CA 91234

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

LOT # C00000
XXXXX

LIC# A12345

DEA# AB1234567

NPI# 1234567890

PATIENT NAME

DOB

ADDRESS



PRESCRIBER

DATE

DO NOT SUBSTITUTE – INITIALS _____

REFILLS: NR 1 2 3 4 5 _____

- 1-24 75-100
 25-49 101-150
 50-74 151 and over

UNITS _____

PRESCRIPTION IS VOID IF THE NUMBER OF DRUGS PRESCRIBED IS NOT NOTED: _____

CARX4 (10/17) SP24