

Doctor's Name, M.D.

LOT # C00000

Practice

123 Main Street, Suite 100

Anytown, CA 91234

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

LIC# A12345

DEA# AB1234567

NPI# 1234567890



PATIENT NAME _____

DOB _____

ADDRESS _____

PRESCRIBER SIGNATURE **X** _____

DATE _____

DO NOT SUBSTITUTE

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

REFILLS: NR 1 2 3 4 5

UNITS _____



Serial # SWA001A00001

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

CARX4 (01/20) SP24