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.
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

SAMPLE

Patient Name: Address: DOB:

Prescriber Signature: **(X)** Date:

QUANTITY									
1-24	25-49	50-74	75-100	101-150	151 and over	UNITS	**Rx**	**Instructions**	# 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

❑ Do not substitute

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

Serial # SWA001A00001

CARX4B (01/20) **SP24**