

Doctor's Name, M.D.

Practice

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Anytown, CA 91234

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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: \_\_\_\_\_

CARX (10/17) SP24