

HOSPITAL / MEDICAL CENTER

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

LOT # C00000

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

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

PATIENT NAME _____

DOB _____

ADDRESS _____

PRESCRIBER _____

DATE _____



2)

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 _____

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 _____

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: _____

CARX4C (10/17) SP24