

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

PATIENTNAME

DOB

ADDRESS

Rx



PROOF

PRESCRIBER

DATE

DO NOT SUBSTITUTE – INITIALS \_\_\_\_\_

- |                                |                                       |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 1-24  | <input type="checkbox"/> 75-100       |
| <input type="checkbox"/> 25-49 | <input type="checkbox"/> 101-150      |
| <input type="checkbox"/> 50-74 | <input type="checkbox"/> 151 and over |

REFILLS:  NR  1  2  3  4  5 \_\_\_\_\_

UNITS \_\_\_\_\_

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

CARX4 (10/17) SP24