

Doctor's Name, M.D.

LOT # C00000

Practice

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Anytown, CA 91234

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

LIC# A12345

DEA# AB1234567

NPI# 1234567890

PATIENTNAME _____

DOB _____

ADDRESS _____



PRESCRIBER _____

DATE _____

DO NOT SUBSTITUTE – INITIALS _____

REFILLS: NR 1 2 3 4 5 _____

- | | |
|--------------------------------|---------------------------------------|
| <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 |

UNITS _____

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

CARX (10/17) SP24