

Imprint Area

This prescription form is designed to include redundancy in order to promote robust communication. Please complete carefully.

Patient name: _____ Date of Birth: _____

Address: _____

R_x Indication: _____ Current Date: _____

Medication: _____ Dosage: _____

Form: _____ Written Dosage: _____

Sig: _____

Standard If not, write: Amount: _____ Route: _____ Timing: _____

Refill (circle one): 0 1 2 3 4 5 No Substitutions

Signature: _____ DEA# _____