

DD FORM 1289

1 NOV 71

DOD PRESCRIPTION

FOR (Full name, address, & phone number) (If under 12, give age)

*John R. Doe, HM3, USN**U.S.S. Neverforgotten (DD 178)*

MEDICAL FACILITY

U.S.S. Neverforgotten (DD 178)

DATE

*23 JAN 99***R** (Superscription)

(Inscription)

*Tn Belladonna**Amphogel 95ad*

gm or ml.

*15 ml**120 ml*

(Subscription)

M & FT Solution

(Signa)

*Seg: 5ml tid a.c.*MFGR: *Wyeth*EXP DATE: *12/02*LOT NO: *P39K106*FILLED BY: *KMT*

R NUMBER

10072

Jack R. Frost
LCDR, MD, USNR

SIGNATURE RANK AND DEGREE