

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

Rx (Superscription)

gm or ml.

(Inscription)

Tr Belladonna

15 ml

Amphogel 9oz

120 ml

(Subscription)

M + FT solution

(Signa)

5eg: 5mL t.i.d a.c.

MFGR: Wyeth
LOT NO: P39K106EXP DATE: 12/02
FILLED BY: KMR

Rx NUMBER

10072

Jack R. Frost
LCDR. MD. USNR
SIGNATURE RANK AND DEGREE