

DD FORM 1289

1 NOV 71

## DOD PRESCRIPTION

FOR (Full name, address, &amp; 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)

gm or ml.

(Inscription)

Tr Belladonna

15 ml

Amphogel 95ad

120 ml

(Subscription)

M &amp; FT Solution

(Signa)

Sig: 5ml tid a.c.

MFG: Wyeth

EXP DATE: 12/02

LOT NO: P39K106

FILLED BY: KMT

R NUMBER

10072

Jack R. Frost  
LCDR M.D. USNR  
SIGNATURE RANK AND DEGREE