Valid if transmitted by facsimile machine only

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| **PATIENT INFORMATION** |  |
| FIRST NAME: METHQAL | LAST NAME: Abumahfouz |
| DATE OF BIRTH: 1/1/2015 |
| PHONE: 3175901271 |
| ADDRESS: METHQAL\_16@YAHOO.COM |
| CITY: Noblesville | STATE: IN | ZIP: 46062 |
| ALLERGIES: |

|  |  |
| --- | --- |
| **PRESCRIPTION INFORMATION** |  |
| DRUG: DICLOFENAC SOD 3% CREAM |
| QUANTITY: 60GM |
| REFILLS: 1 |
| INSTRUCTIONS/SIG: fsdgfg |
| COMMENTS: |

|  |  |
| --- | --- |
| **PRESCRIBER** |  |
| NAME: divya kashyap | TEL: 9115817421 | NPI: 12345678 |
| ADDRESS: 12 12 |
| SIGNATURE: | DATE: 2023-10-26 20:08:16 |

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