Valid if transmitted by facsimile machine only

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| --- | --- |
| **PATIENT INFORMATION** |  |
| FIRST NAME: giberish | LAST NAME: giberish |
| DATE OF BIRTH: 1/1/2016 |
| PHONE: 1234567 |
| ADDRESS: compounds@noblesvillelowcostpharmacy.com |
| CITY: Noblesville | STATE: IN | ZIP: 46062 |
| ALLERGIES: |

|  |  |
| --- | --- |
| **PRESCRIPTION INFORMATION** |  |
| DRUG: AZELAIC ACID 15%/ALOE 0.1% |
| QUANTITY: 30ML |
| REFILLS: 1 |
| INSTRUCTIONS/SIG: |
| COMMENTS: |

|  |  |
| --- | --- |
| **PRESCRIBER** |  |
| NAME: divya kashyap | TEL: 9115817421 | NPI: 12345678 |
| ADDRESS: 12 12 |
| SIGNATURE: | DATE: 2023-10-26 17:11:31 |

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