

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)

*Tx Belladonna**Amphogel qsad*

gm or ml.

*15 ml**120 ml*

(Subscription)

M & FI 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

EDITION OF 1 JAN 60 MAY BE USED FOR
S/N 0102-LF-012-6201