Meaningful Use Stage Two E-Prescribing Certification Testing

New Prescription Test Data

February 15, 2013

Contents

Test 1 - Hydrochlorothiazide 50 mg tablet	2
Test 2 - Klor-Con 10 mEq Extended Release tablet	3
Test 3 - Catapres 0.1 mg tablet	4
Test 4 - Cardura 2 mg tablet	5
Test 5 - Captopril 25 mg tablet	6
Test 6 - Aldactone 25 mg tablet	7
Test 7 - Lanoxin 125 mcg tablet	8
Test 8 - Azithromycin 500 mg tablet	9
Test 9 - Atrovent HFA Inhalation Aerosol 17 mcg/actuation, 12.9 g canister	10
Test 10 - ProAir HFA Inhalation Aerosol 90 mcg/actuation 8.5 g canister	11
Test 11 - Lipitor 10 mg tablet	12
Test 12 - Lasix 20 mg tablet	13
Test 13 - Colace 100 mg capsule	14
Test 14 - Zestril 30 mg tablet	15
Test 15 - Norvasc 5 mg tablet	16
Test 16 - Macrobid 100 mg capsule	17

Test 1 - Hydrochlorothiazide 50 mg tablet

A prescription for Hydrochlorothiazide 50 mg tablets is written for patient, One Test Patientone by their physician, One Test Prescriberone. It is transmitted to the Test One Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Hydrochlorothiazide 50 mg tablet
Directions	Take 1 tablet every day by mouth
Quantity	30
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test One Pharmacy
Pharmacy Name Address Line 1	Test One Pharmacy 90001 1ST ST
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Address Line 1	90001 1ST ST
Address Line 1 Address Line 2	90001 1ST ST 1ST FL Washington DC
Address Line 1 Address Line 2 City	90001 1ST ST 1ST FL Washington DC 20000
Address Line 1 Address Line 2 City State	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One Test
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One Test PatientOne
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One Test PatientOne 1 Test BLVD
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One Test PatientOne 1 Test BLVD APT 1
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One Test PatientOne 1 Test BLVD APT 1 Washington
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One Test PatientOne 1 Test BLVD APT 1 Washington DC
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One Test PatientOne 1 Test BLVD APT 1 Washington DC 20000
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code Phone	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One Test PatientOne 1 Test BLVD APT 1 Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90001 1ST ST 1ST FL Washington DC 20000 (202) 555-1212 2010000000 0999017 One Test PatientOne 1 Test BLVD APT 1 Washington DC 20000

Test 2 - Klor-Con 10 mEq Extended Release tablet

A prescription for Klor-Con 10 mEq Extended Release tablets is written for patient, Two Test Patienttwo by their physician, One Test Prescriberone. It is transmitted to the Test Two Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Klor-Con 10 mEq Extended Release tablet
Directions	Take one tablet by mouth two times per day
Quantity	60
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Two Pharmacy
Address Line 1	90002 2ND ST
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Address Line 1	90002 2ND ST
Address Line 1 Address Line 2	90002 2ND ST 2ND FL Washington DC
Address Line 1 Address Line 2 City	90002 2ND ST 2ND FL Washington
Address Line 1 Address Line 2 City State	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 202000008
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 202000008
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 2020000008 0999029 Two
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 202000008 0999029 Two Test
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 202000008 0999029 Two Test Patienttwo
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 202000008 0999029 Two Test Patienttwo 2 Test BLVD
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 202000008 0999029 Two Test Patienttwo 2 Test BLVD APT 2
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 2020000008 0999029 Two Test Patienttwo 2 Test BLVD APT 2 Washington
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 202000008 0999029 Two Test Patienttwo 2 Test BLVD APT 2 Washington DC
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 2020000008 0999029 Two Test Patienttwo 2 Test BLVD APT 2 Washington DC 20000
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code Phone	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 202000008 0999029 Two Test Patienttwo 2 Test BLVD APT 2 Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90002 2ND ST 2ND FL Washington DC 20000 (202) 555-1212 2020000008 0999029 Two Test Patienttwo 2 Test BLVD APT 2 Washington DC 20000

Test 3 - Catapres 0.1 mg tablet

A prescription for Catapres 0.1 mg tablets is written for patient, Three Test Patientthree by their physician, One Test Prescriberone. It is transmitted to the Test Three Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Catapres 0.1 mg tablet
Directions	Take 1 tablet by mouth two times a day
Quantity	60
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Three Pharmacy
Pharmacy Name Address Line 1	90003 3RD ST
Pharmacy Name	
Pharmacy Name Address Line 1	90003 3RD ST 3rd FL Washington
Pharmacy Name Address Line 1 Address Line 2 City State	90003 3RD ST 3rd FL Washington DC
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code	90003 3RD ST 3rd FL Washington DC 20000
Pharmacy Name Address Line 1 Address Line 2 City State	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three Test
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three Test Patientthree
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three Test Patientthree 3 Test BLVD
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three Test Patientthree 3 Test BLVD APT 3
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three Test Patientthree 3 Test BLVD APT 3 Washington
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three Test Patientthree 3 Test BLVD APT 3 Washington DC
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three Test Patientthree 3 Test BLVD APT 3 Washington DC 20000
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code Phone	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three Test Patientthree 3 Test BLVD APT 3 Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90003 3RD ST 3rd FL Washington DC 20000 (202) 555-1212 203000006 0999031 Three Test Patientthree 3 Test BLVD APT 3 Washington DC 20000

Test 4 - Cardura 2 mg tablet

A prescription for Cardura 2 mg tablets is written for patient, Four Test Patientfour by their physician, One Test Prescriberone. It is transmitted to the Test Four Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Cardura 2 mg tablet
Directions	Take 1 tablet by mouth once a day
Quantity	30
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Four Pharmacy
Pharmacy Name Address Line 1	Test Four Pharmacy 90004 4TH ST
*	,
Address Line 1	90004 4TH ST
Address Line 1 Address Line 2	90004 4TH ST 4TH FL Washington DC
Address Line 1 Address Line 2 City	90004 4TH ST 4TH FL Washington DC 20000
Address Line 1 Address Line 2 City State	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 2040000004
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 2040000004
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 204000004 0999043 Four
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 204000004 0999043 Four Test
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 204000004 0999043 Four Test Patientfour
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 204000004 0999043 Four Test Patientfour 4 Test BLVD
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 204000004 0999043 Four Test Patientfour 4 Test BLVD APT 4
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 204000004 0999043 Four Test Patientfour 4 Test BLVD APT 4 Washington
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 204000004 0999043 Four Test Patientfour 4 Test BLVD APT 4 Washington DC
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 2040000004 0999043 Four Test Patientfour 4 Test BLVD APT 4 Washington DC 20000
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code Phone	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 2040000004 0999043 Four Test Patientfour 4 Test BLVD APT 4 Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90004 4TH ST 4TH FL Washington DC 20000 (202) 555-1212 2040000004 0999043 Four Test Patientfour 4 Test BLVD APT 4 Washington DC 20000

Test 5 - Captopril 25 mg tablet

A prescription for Captopril 25 mg tablets is written for patient, Five Test Patientfive by their physician, One Test Prescriberone. It is transmitted to the Test Five Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Captopril 25 mg tablet
Directions	Take 1 tablet by mouth three times per day
Quantity	90
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Five Pharmacy
Address Line 1	90005 5TH ST
·	·
Address Line 1	90005 5TH ST 5TH FL Washington
Address Line 1 Address Line 2 City State	90005 5TH ST 5TH FL Washington DC
Address Line 1 Address Line 2 City State ZIP Code	90005 5TH ST 5TH FL Washington DC 20000
Address Line 1 Address Line 2 City State	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001 0999055 Five
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 205000001 0999055 Five Test
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001 0999055 Five Test Patientfive
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001 0999055 Five Test Patientfive 5 Test BLVD
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001 0999055 Five Test Patientfive 5 Test BLVD APT 5
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001 0999055 Five Test Patientfive 5 Test BLVD APT 5 Washington
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 205000001 0999055 Five Test Patientfive 5 Test BLVD APT 5 Washington DC
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001 0999055 Five Test Patientfive 5 Test BLVD APT 5 Washington DC 20000
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code Phone	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001 0999055 Five Test Patientfive 5 Test BLVD APT 5 Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90005 5TH ST 5TH FL Washington DC 20000 (202) 555-1212 2050000001 0999055 Five Test Patientfive 5 Test BLVD APT 5 Washington DC 20000

Test 6 - Aldactone 25 mg tablet

A prescription for Aldactone 25 mg tablets is written for patient, Six Test Patientsix by their physician, One Test Prescriberone. It is transmitted to the Test Six Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Aldactone 25 mg tablet
Directions	Take one tablet by mouth four times per day
Quantity	120
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Six Pharmacy
	,
Address Line 1	90006 6TH ST
Address Line 1 Address Line 2	
	90006 6TH ST
Address Line 2	90006 6TH ST 6TH FL Washington DC
Address Line 2 City	90006 6TH ST 6TH FL Washington DC 20000
Address Line 2 City State	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212
Address Line 2 City State ZIP Code Phone NPI	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 2060000009
Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212
Address Line 2 City State ZIP Code Phone NPI	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 2060000009
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 206000009 0999067 Six
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 206000009 0999067 Six Test
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 2060000009 0999067 Six Test Patientsix
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 206000009 0999067 Six Test Patientsix 6 Test BLVD
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 206000009 0999067 Six Test Patientsix 6 Test BLVD APT 6
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 2060000009 0999067 Six Test Patientsix 6 Test BLVD APT 6 Washington
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 206000009 0999067 Six Test Patientsix 6 Test BLVD APT 6 Washington DC
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 2060000009 0999067 Six Test Patientsix 6 Test BLVD APT 6 Washington DC 20000
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code Phone	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 206000009 0999067 Six Test Patientsix 6 Test BLVD APT 6 Washington DC 20000 (202) 555-1212
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90006 6TH ST 6TH FL Washington DC 20000 (202) 555-1212 2060000009 0999067 Six Test Patientsix 6 Test BLVD APT 6 Washington DC 20000

Test 7 - Lanoxin 125 mcg tablet

A prescription for Lanoxin 125 mcg tablets is written for patient, Seven Test Patientseven by their physician, One Test Prescriberone. It is transmitted to the Test Seven Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Lanoxin 125 mcg tablet
Directions	Take one tablet by mouth once per day
Quantity	60
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
1 Harriacy	
Pharmacy Name	Test Seven Pharmacy
	Test Seven Pharmacy 90007 7TH ST
Pharmacy Name	·
Pharmacy Name Address Line 1	90007 7TH ST
Pharmacy Name Address Line 1 Address Line 2	90007 7TH ST 7TH FL
Pharmacy Name Address Line 1 Address Line 2 City	90007 7TH ST 7TH FL Washington
Pharmacy Name Address Line 1 Address Line 2 City State	90007 7TH ST 7TH FL Washington DC
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code	90007 7TH ST 7TH FL Washington DC 20000
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007 0999079
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007 0999079 Seven
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007 0999079 Seven Test
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007 0999079 Seven Test Patientseven
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007 0999079 Seven Test Patientseven 7 Test BLVD
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007 0999079 Seven Test Patientseven 7 Test BLVD APT 7
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007 0999079 Seven Test Patientseven 7 Test BLVD APT 7 Washington
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 207000007 0999079 Seven Test Patientseven 7 Test BLVD APT 7 Washington DC
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90007 7TH ST 7TH FL Washington DC 20000 (202) 555-1212 2070000007 0999079 Seven Test Patientseven 7 Test BLVD APT 7 Washington DC 20000

Test 8 - Azithromycin 500 mg tablet

A prescription for Azithromycin 500 mg tablets is written for patient, Eight Test Patienteight by their physician, One Test Prescriberone. It is transmitted to the Test Eight Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Azithromycin 500 mg tablet
Directions	Take 1 tablet by mouth once a day for 3 days
Quantity	10
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Eight Pharmacy
Address Line 1	90008 8TH ST
Address Line 2	8TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	208000005
NCPDP ID	0999081
Patient	
First Name	Eight
Middle Name	Test
Last Name	Patienteight
Address Line 1	8 Test BLVD
Address Line 2	APT 8
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 8, 1960
Gender	Female

Test 9 - Atrovent HFA Inhalation Aerosol 17 mcg/actuation, 12.9 g canister

A prescription for Atrovent HFA Inhalant is written for patient, Nine Test Patientnine by their physician, One Test Prescriberone. It is transmitted to the Test Nine Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Atrovent HFA Inhalation Aerosol 17 mcg/actuation, 12.9 g canister
Directions	Inhale 2 puffs by mouth four times a day
Quantity	1
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Nine Pharmacy
Address Line 1	90009 9TH ST
Address Line 1 Address Line 2	90009 9TH ST 9TH FL
Address Line 2 City State	9TH FL Washington DC
Address Line 2 City State ZIP Code	9TH FL Washington DC 20000
Address Line 2 City State	9TH FL Washington DC 20000 (202) 555-1212
Address Line 2 City State ZIP Code Phone NPI	9TH FL Washington DC 20000 (202) 555-1212 2090000003
Address Line 2 City State ZIP Code Phone NPI NCPDP ID	9TH FL Washington DC 20000 (202) 555-1212
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient	9TH FL Washington DC 20000 (202) 555-1212 2090000003
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	9TH FL Washington DC 20000 (202) 555-1212 209000003 0999093 Nine
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	9TH FL Washington DC 20000 (202) 555-1212 209000003 0999093 Nine Test
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	9TH FL Washington DC 20000 (202) 555-1212 2090000003 0999093 Nine Test Patientnine
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	9TH FL Washington DC 20000 (202) 555-1212 209000003 0999093 Nine Test Patientnine 9 Test BLVD
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	9TH FL Washington DC 20000 (202) 555-1212 209000003 0999093 Nine Test Patientnine 9 Test BLVD APT 9
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	9TH FL Washington DC 20000 (202) 555-1212 209000003 0999093 Nine Test Patientnine 9 Test BLVD APT 9 Washington
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	9TH FL Washington DC 20000 (202) 555-1212 209000003 0999093 Nine Test Patientnine 9 Test BLVD APT 9 Washington DC
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	9TH FL Washington DC 20000 (202) 555-1212 209000003 0999093 Nine Test Patientnine 9 Test BLVD APT 9 Washington DC 20000
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code Phone	9TH FL Washington DC 20000 (202) 555-1212 2090000003 0999093 Nine Test Patientnine 9 Test BLVD APT 9 Washington DC 20000 (202) 555-1212
Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	9TH FL Washington DC 20000 (202) 555-1212 209000003 0999093 Nine Test Patientnine 9 Test BLVD APT 9 Washington DC 20000

Test 10 - ProAir HFA Inhalation Aerosol 90 mcg/actuation 8.5 g canister

A prescription for ProAir HFA Inhalant is written for patient, Ten Test Patientten by their physician, One Test Prescriberone. It is transmitted to the Test Ten Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	ProAir HFA Inhalation Aerosol 90 mcg/actuation 8.5 g canister
Directions	Inhale 2 puffs by mouth every 4 hours as needed for shortness of
Directions	breath
Quantity	1
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Ten Pharmacy
Address Line 1	90010 10TH ST
Address Line 2	10TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	210000001
NCPDP ID	0999106
Patient	
First Name	Ten
Middle Name	Test
Last Name	Patientten
Address Line 1	10 Test BLVD
Address Line 2	APT 10
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 10, 1960
Gender	Female

Test 11 - Lipitor 10 mg tablet

A prescription for Lipitor 10 mg tablets is written for patient, Eleven Test Patienteleven by their physician, One Test Prescriberone. It is transmitted to the Test Eleven Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Lipitor 10 mg tablet
Directions	Take 1 tablet by mouth once per day
Quantity	30
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Eleven Pharmacy
Address Line 1	90011 11TH ST
Address Line 2	11TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2110000009
NCPDP ID	0999118
Patient	
First Name	Eleven
Middle Name	Test
Last Name	Patienteleven
Address Line 1	11 Test BLVD
Address Line 2	APT 11
City	Washington
State	DC
I	
ZIP Code	20000
Phone	(202) 555-1212

Test 12 - Lasix 20 mg tablet

A prescription for Lasix 20 mg tablets is written for patient, Twelve Test Patienttwelve by their physician, One Test Prescriberone. It is transmitted to the Test Twelve Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Lasix 20 mg tablet
Directions	Take one tablet by mouth two times per day
Quantity	60
Refills	2
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Twelve Pharmacy
Pharmacy Name Address Line 1	Test Twelve Pharmacy 90012 12TH ST
*	·
Address Line 1	90012 12TH ST
Address Line 1 Address Line 2	90012 12TH ST 12TH FL Washington DC
Address Line 1 Address Line 2 City	90012 12TH ST 12TH FL Washington DC 20000
Address Line 1 Address Line 2 City State	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007 0999120 Twelve
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007 0999120 Twelve Test
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007 0999120 Twelve Test Patienttwelve
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007 0999120 Twelve Test Patienttwelve 12 Test BLVD
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007 0999120 Twelve Test Patienttwelve 12 Test BLVD APT 12
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007 0999120 Twelve Test Patienttwelve 12 Test BLVD APT 12 Washington
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 212000007 0999120 Twelve Test Patienttwelve 12 Test BLVD APT 12 Washington DC
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007 0999120 Twelve Test Patienttwelve 12 Test BLVD APT 12 Washington DC 20000
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code Phone	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007 0999120 Twelve Test Patienttwelve 12 Test BLVD APT 12 Washington DC 20000 (202) 555-1212
Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90012 12TH ST 12TH FL Washington DC 20000 (202) 555-1212 2120000007 0999120 Twelve Test Patienttwelve 12 Test BLVD APT 12 Washington DC 20000

Test 13 - Colace 100 mg capsule

A prescription for Colace 100 mg capsules is written for patient, Thirteen Test Patientthirteen by their physician, One Test Prescriberone. It is transmitted to the Test Thirteen Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Colace 100 mg capsule
Directions	Take one capsule twice a day by mouth
Quantity	60
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Паппасу	
Pharmacy Name	Test Thirteen Pharmacy
	Test Thirteen Pharmacy 90013 13TH ST
Pharmacy Name	
Pharmacy Name Address Line 1	90013 13TH ST
Pharmacy Name Address Line 1 Address Line 2	90013 13TH ST 13TH FL
Pharmacy Name Address Line 1 Address Line 2 City	90013 13TH ST 13TH FL Washington
Pharmacy Name Address Line 1 Address Line 2 City State	90013 13TH ST 13TH FL Washington DC
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code	90013 13TH ST 13TH FL Washington DC 20000
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 2130000005
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 2130000005
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 2130000005 0999132
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 2130000005 0999132 Thirteen
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 2130000005 0999132 Thirteen Test
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 2130000005 0999132 Thirteen Test Patientthirteen
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 213000005 0999132 Thirteen Test Patientthirteen 13 Test BLVD
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 213000005 0999132 Thirteen Test Patientthirteen 13 Test BLVD APT 13
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 2130000005 0999132 Thirteen Test Patientthirteen 13 Test BLVD APT 13 Washington
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 213000005 0999132 Thirteen Test Patientthirteen 13 Test BLVD APT 13 Washington DC
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90013 13TH ST 13TH FL Washington DC 20000 (202) 555-1212 2130000005 0999132 Thirteen Test Patientthirteen 13 Test BLVD APT 13 Washington DC 20000

Test 14 - Zestril 30 mg tablet

A prescription for Zestril 30 mg tablets is written for patient, Fourteen Test Patientfourteen by their physician, One Test Prescriberone. It is transmitted to the Test Fourteen Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Zestril 30 mg tablet
Directions	Take one tablet once a day by mouth
Quantity	30
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Dharmacy	
Pharmacy	
Pharmacy Name	Test Fourteen Pharmacy
	Test Fourteen Pharmacy 90014 14TH ST
Pharmacy Name	·
Pharmacy Name Address Line 1	90014 14TH ST
Pharmacy Name Address Line 1 Address Line 2	90014 14TH ST 14TH FL
Pharmacy Name Address Line 1 Address Line 2 City	90014 14TH ST 14TH FL Washington
Pharmacy Name Address Line 1 Address Line 2 City State	90014 14TH ST 14TH FL Washington DC
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90014 14TH ST 14TH FL Washington DC 20000
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 2140000003
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 2140000003
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 2140000003 0999144
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 214000003 0999144 Fourteen
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 2140000003 0999144 Fourteen Test
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 2140000003 0999144 Fourteen Test Patientfourteen
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 214000003 0999144 Fourteen Test Patientfourteen 14 Test BLVD
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 214000003 0999144 Fourteen Test Patientfourteen 14 Test BLVD APT 14
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 2140000003 0999144 Fourteen Test Patientfourteen 14 Test BLVD APT 14 Washington
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 214000003 0999144 Fourteen Test Patientfourteen 14 Test BLVD APT 14 Washington DC
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90014 14TH ST 14TH FL Washington DC 20000 (202) 555-1212 2140000003 0999144 Fourteen Test Patientfourteen 14 Test BLVD APT 14 Washington DC 20000

Test 15 - Norvasc 5 mg tablet

A prescription for Norvasc 5 mg tablets is written for patient, Fifteen Test Patientfifteen by their physician, One Test Prescriberone. It is transmitted to the Test Fifteen Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Norvasc 5 mg tablet
Directions	Take 1 tablet by mouth once a day
Quantity	30
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Fifteen Pharmacy
	Test Fifteen Pharmacy 90015 15TH ST
Pharmacy Name	·
Pharmacy Name Address Line 1	90015 15TH ST
Pharmacy Name Address Line 1 Address Line 2	90015 15TH ST 15TH FL Washington DC
Pharmacy Name Address Line 1 Address Line 2 City	90015 15TH ST 15TH FL Washington DC 20000
Pharmacy Name Address Line 1 Address Line 2 City State	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 2150000000
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 2150000000
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 2150000000 0999156 Fifteen
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 215000000 0999156 Fifteen Test
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 2150000000 0999156 Fifteen Test Patientfifteen
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 2150000000 0999156 Fifteen Test Patientfifteen 15 Test BLVD
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 215000000 0999156 Fifteen Test Patientfifteen 15 Test BLVD APT 15
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 2150000000 0999156 Fifteen Test Patientfifteen 15 Test BLVD APT 15 Washington
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 215000000 0999156 Fifteen Test Patientfifteen 15 Test BLVD APT 15 Washington DC
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 2150000000 0999156 Fifteen Test Patientfifteen 15 Test BLVD APT 15 Washington DC 20000
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code Phone	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 2150000000 0999156 Fifteen Test Patientfifteen 15 Test BLVD APT 15 Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90015 15TH ST 15TH FL Washington DC 20000 (202) 555-1212 2150000000 0999156 Fifteen Test Patientfifteen 15 Test BLVD APT 15 Washington DC 20000

Test 16 - Macrobid 100 mg capsule

A prescription for Macrobid 100 mg capsules is written for patient, Sixteen Test Patientsixteen by their physician, One Test Prescriberone. It is transmitted to the Test Sixteen Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Macrobid 100 mg capsule
Directions	Take 1 capsule by mouth every 6 hours for 7 days
Quantity	28
Refills	0
Substitution Allowed?	No
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test Sixteen Pharmacy
	Test Sixteen Pharmacy 90016 16TH ST
Pharmacy Name	,
Pharmacy Name Address Line 1	90016 16TH ST
Pharmacy Name Address Line 1 Address Line 2	90016 16TH ST 16TH FL Washington DC
Pharmacy Name Address Line 1 Address Line 2 City	90016 16TH ST 16TH FL Washington
Pharmacy Name Address Line 1 Address Line 2 City State	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 2160000008
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 2160000008
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 2160000008 0999168 Sixteen
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 2160000008 0999168 Sixteen Test
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 2160000008 0999168 Sixteen Test Patientsixteen
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 216000008 0999168 Sixteen Test Patientsixteen 16 Test BLVD
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 216000008 0999168 Sixteen Test Patientsixteen 16 Test BLVD APT 16
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 216000008 0999168 Sixteen Test Patientsixteen 16 Test BLVD APT 16 Washington
Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 216000008 0999168 Sixteen Test Patientsixteen 16 Test BLVD APT 16 Washington DC
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Pharmacy Name Address Line 1 Address Line 2 City State ZIP Code Phone NPI NCPDP ID Patient First Name Middle Name Last Name Address Line 1 Address Line 2 City State ZIP Code	90016 16TH ST 16TH FL Washington DC 20000 (202) 555-1212 2160000008 0999168 Sixteen Test Patientsixteen 16 Test BLVD APT 16 Washington DC 20000