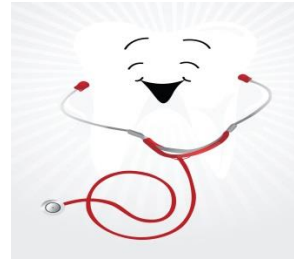


John Rowel DMD
143 Main Street
Richmond USA
TEL: 555-123-1234



DEA _____ NPA _____

Patient Name _____ Date _____

Address _____ DOB _____



R_x:

Name of the Drug _____

Dosage _____

Number of Days _____

Sig:

These are the instructions on how to take the medication and what is it being prescribed for.

R_x is good until _____

No of refills allowed _____

Doctor's Signature _____

Date _____

