

DEA #

909 NORTH MIAMI BEACH BLVD., SUITE 402
NORTH MIAMI BEACH, FL 33182
TEL (305) 653-0425, FAX (305) 653-4055

BATCH # MD02510-01551600

NAME

DOB

ADDRESS

DATE

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Rx

6/24/23

① CPAP 15cm H2O

CPAP 3.0

as handwritten

using a AsMed
AirTouch F20

Label

Refill NR 1 2 3 4 5

NON-ACUTE PAIN

CHRONIC PAIN EXCEPTION ☐

6/27/23

(Signature)

In order for a brand name product to be dispensed the prescriber must write "Medically Necessary" on the front of this prescription. :

000515

2K08GP0343968