|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | | | | | |  |  |
|  |  | DEA#: | | | | | | | | R0808344A |  |
| **Lawson Clinic** | | | | | | | | | | | |
|  |  | Dr. Debra Lawson M.D., M.B.B.S | | | | | | | | |  |
|  |  | 751 Victoria 0053treet, South Statue 204  Hometown, US 1234 | | | | | | | | |  |
|  |  | PH: (207) 808 2014 2014  FAX: (207) 808 2015 2202 | | | | | | | | |  |
|  |  |  | | |  | | |  |  | |  |
|  |  |  | | |  | | |  |  | |  |
|  |  |  |  | | | S. No. : | | | 02830473075 | |  |
|  |  | Name: | Jackson Joes | | | | | Age: | 35 | |  |
|  |  | Address: | | 1332 Ross rd, Philadelphia | | | | Date: | May 22, 2019 | |  |
|  |  |  | | | | | | | | |  |
|  |  | Prescription drugs:  Dextromethorpha 20 mg 0 | 18  Guaifenesin 15mg 1 | 2  Cimetidine 50 mg 1 | 7 | | | | | | | | |  |
|  |  | Doctor’s Signature: | | | | | Dr. Debra Lawson | | | |  |
|  |  |  | | |  | |  | | | |  |
|  |  | www.debra@lawson.com | | | | | | | | |  |