

JOSH E. STOCMAN, M.D.

DEA# DT2585196

DEA# XT2585196

KY# 44399

Device ID:

Office: 502-445-5555

10001 MainStreet • Lou., KY 40219

Fax: 502-555-4555

Name _____

Address _____

Date _____

ZUBSOLV 5.7mg/1.4mg

Sig: _____ Tab Qday x _____ days

☐ 1-24

☐ 25-49

☒ 50-74

☐ 75-100

☐ 101-150

☐ 151 and over

Disp.# _____

Refill NR 2 3 4 5

Josh E. Stocman

Prescription is void if more than one (1) prescription is written per blank