

JOSH E. STOCMAN, M.D.

DEA# DT2585196

DEA# XT2585196

KY# 44399

Device ID:

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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