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**MICROPRINT SECURITY • SERIAL BATCH NUMBERING • SEQUENTIAL NUMBERING**

Name RxFORMSSECUREPRESCRIPTION M / F DOB RxFORMSSECUREPRESCRIPTION

Address RxFORMSSECUREPRESCRIPTION Date RxFORMSSECUREPRESCRIPTION



**Refill**

NR

1

2

3

4

5

PRN

Void After RxFORMSSECUREPRESCRIPTION



Do Not Substitute - Dispense as Written

*Signature*

Prescription is void if more than one (1) controlled substance is written per blank.

