

Tyson Drugs
RxSync@
9 Pore Rd
Phone: 38635 Fax: 27272727

Prescription Order Form

Physician Name: Sanje Gupta **Fax:** 2284243132

Patient Name: Joe DiMaggio **DOB:** 1914-11-25 **Date:** 2010-12-25
Address: 3 Yankee Way, New York, New York, 12404

If the patient needs to come in for an appointment, please let us know and we will notify the patient.

Medications:

Please Circle Number of Refills

1. Name and Strength: Viagra Sig: QI
Refills: 1 2 3 4 5 I-year
2. Name and Strength: Lipitor Sig: QE
Refills: 1 2 3 4 5 I-year
3. Name and Strength: Prozac Sig: QDE
Refills: 1 2 3 4 5 I-year
4. Name and Strength: Xanax Sig: QE
Refills: 1 2 3 4 5 I-year
5. Name and Strength: Actos Sig: QDE
Refills: 1 2 3 4 5 I-year

Authorized Signature

NPI _____

Signature for Substitution

Date _____

Please fax to: 27272727