

PREScription BLANK

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LICENSE #

DEA #

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT

D.O.B.

ADDRESS

DATE



(Rt) Shoulder Spr

PT 3 x 2 weeks



SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE OF PRESCRIBER

REFILL TIMES

[Signature]

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM CONSTITUTES VIOLATIONS OF FEDERAL, STATE AND LOCAL LAWS