Patient: **Jason Spander** DOB:
04/13/1988 Phone:
(646)356-1525 Salem,
RE 456123

$Rx_{\tt Pen\,VK\,500mg}$

Disp: 40

Sig: take 2 tabs ASAP, then 1 tab 4 times a day

Refills: 0

✓ Dispense as Written

✓ Generic substitution Permit

Signature of Prescriber