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