

Walgreens

Second Prescription Refill Request

1060 W CAMP WISDOM RD
DALLAS, TX 752323536
Tel: 972-228-6738 Fax: 972-228-4658

Date: 03/08/2014

Time: 9:40 AM

Prescriber Information:

Physician: SUMANA KETHA
Address: 2925 SKYWAY CIR
RICHARDSON, TX 75083

Phone: 972-639-5838
Fax: 972-675-7310
DEA #: BK6230281

Patient Information:

Patient: AARON JACKSON
Address: 7330 BRIERFIELD DR(P/U LAKISHA
DUNSON)
DALLAS, TX 75232

Birthdate: 11/23/1973
Med Record #:
Phone: 214-466-9815

Prescription Information:

Rx Number: 1014940-05920
Drug: CLONIDINE 0.2MG TABLETS
Generic For:
Sig: TAKE 1 TABLET BY MOUTH TWICE DAILY

Requested P/U Time: 03/08/2014 09:00AM
Prescribed Qty: 180
Last Refill: 11/11/2013

Message:

CF

☐ Denied _____

☐ If there are **NO** changes to the Rx please
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please
check box and write in changes.

☐ Drug: _____☐ Directions: _____☐ Refills: _____ ☐ Qty: _____

Authorized by: _____

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 972-228-4658

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