

# Walgreens

## Second Prescription Refill Request

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

Date: 02/04/2014

Time: 10:44 AM

**Prescriber Information:**

Physician: SUMANA KETHA  
Address: 1302 LANE STR UITE 400  
IRVING, TX 75061

Phone: 972-639-5838  
Fax: 972-791-8211  
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: 214-256-6247

**Prescription Information:**

Rx Number: 1006878-05920  
Drug: TRAMADOL 50MG TABLETS  
Generic For:  
Sig: TAKE 1 TABLET BY MOUTH EVERY 6  
HOURS AS NEEDED FOR PAIN

Requested P/U Time: 02/04/2014 09:00AM  
Prescribed Qty: 90  
Last Refill: 12/28/2013

**Message:**☐ 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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