

107 Creekside Trail

Kyle, Texas 78640

RX ORDER

PRESCRIBER NAME & ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DEA#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ BUILDING: AL MC ROOM #: \_\_\_\_\_

![C:\Users\gloria\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HGD35NEJ\120px-Rx_symbol_border.svg[1].png]()

MAY SUBSTITUE: € YES, you may substitute : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ € NO, Do Not Substitute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TODAY’S DATE PRESCRIBER’S SIGNATURE # OF REFILLS