

Of SCHERTZ

2300 FM 3009

Schertz, Texas 78154

Ph: 210-319-4965 Fx: 210-319-4947

RX ORDER

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

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

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

![120px-Rx_symbol_border.svg[1]]()

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

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

 TODAY’S DATE PRESCRIBER’S SIGNATURE # OF REFILLS