

DEA # _____

JOHN Q. SAMPLE, M.D.
 JOHN Q. SAMPLE, M.D.
 JOHN Q. SAMPLE, M.D.
123 MAIN STREET
ANYTOWN, GA 55555
555-555-5555



NAME _____

ADDRESS _____ DATE _____

Rx (Please Print)

Rx

Triple i

THIS IS NOT A PRESCRIPTION - DO NOT DISPENSE

LABEL

REFILL _____ TIMES PRN NR

_____ M.D.

TO INSURE BRAND NAME DISPENSING, PRESCRIBER MUST WRITE "BRAND NECESSARY"
ON THE PRESCRIPTION.

10-10-15



TRI151010_85478_1_615582

APPROVED
NOT-APPROVED
CHANGES

SEND EMAIL
SEND RESPONSE