

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

ON THE BACK OF THE PRESCRIPTION, PRINT THE NAME OF THE PHARMACEUTICAL MANUFACTURER AND THE NAME OF THE PRODUCT. PRINT THE NAME OF THE PHARMACEUTICAL MANUFACTURER AND THE NAME OF THE PRODUCT.

PHARMACEUTICAL SECURITY BOARD OF GEORGIA