

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

LABEL

THIS IS NOT A PRESCRIPTION - DO NOT DISPENSE

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

UNIT OF MEASURE: 1000MG/ML WITH WHITE OR STAINLESS STEEL CAPSULES. 1000MG/ML WITH WHITE OR STAINLESS STEEL CAPSULES. 1000MG/ML WITH WHITE OR STAINLESS STEEL CAPSULES.

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