

Practice Name

Telephone#

Fax#

Prescriber Name, Degree

Address

City, State, Zip Code

Dea #123456789

License#

Name

John Doe

Age

50

Address

Date

11/9/07

ID: *A1234-56789*

DOB

3-5-57

R_x

*Lipitor 20mg
DISP #90*

*SIG: take 1 tablet
every day*

Label

Refill *3* times PRN NR

John Smith M.D.

Degree

Unless clearly indicated, a generic product will be substituted when legally permissible.