

FULL BUSINESSNAME
JOHN D. DOE, M.D.
DEA # XX0000000
1234 STREETNAME ROAD
CITYNAME, FLORIDA 00000
PHONE (561) 000-0000 | FAX (561) 000-0000

NAME _____ DATE OF BIRTH _____
ADDRESS _____ DATE _____
Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND, RESISTS ERASURES AND ALTERATIONS. VOID APPEARS IF COPIED

Rx


(Signature)

(DEA Number)

In order for the brand name product to be dispensed, the prescriber must write 'Medically Necessary' on the front of this prescription.


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