

Prescription

Date: [Date]

Patient Name: [Patient's Full Name]

Patient Address: [Patient's Address]

Date of Birth: [Patient's Date of Birth]

Prescriber Name: [Prescriber's Full Name]

Prescriber Address: [Prescriber's Address]

DEA Number: [Prescriber's DEA Number]

Prescription Details

Medication: [Name of Controlled Substance]

Dosage: [Dosage Instructions]

Quantity: [Quantity Prescribed]

Refills: [Number of Refills]

Instructions: [Special Instructions]

Prescriber's Signature: _____

Date: _____