







REQUIRED PRESCRIPTION INFORMATION

Documentation of controlled or mood-altering substances is required. Below you will find an example of what information is needed from you.

Medication	<input type="text"/>				<input type="checkbox"/> Rx <input type="checkbox"/> OTC		
	<input type="text"/>				<input type="checkbox"/> Chronic <input type="checkbox"/> Acute		
Prescribed by	<input type="text"/>	Quantity	<input type="text"/>	Dosage	<input type="text"/>	Refills	<input type="text"/>
Pharmacy	<input type="text"/>	Received	<input type="text"/>	Filled	<input type="text"/>		

This information is found on the prescription slip your pharmacy includes with your medication. You can submit a copy of this slip when you pick up a new prescription. Below is an example of a prescription slip for your reference.

 123 Main Street, #0000 Anytown, USA 00000 cvs.com Store Corporate Name TEL 555-555-5555 RX 105004 QTY: 60 REFILLS: 2 by MM/DD/YYYY PRSCBR: J. Doe DATE FILLED: MM/DD/YYYY DISCARD AFTER: MM/DD/YYYY RPH: J. Smith MFR: ABC Manufacturer This is a WHITE, OVAL-SHAPED tablet imprinted with 93 on the front and 48 on the back.	PATIENT 500 MG  1 TABLET MORNING  1 TABLET MIDDAY  1 TABLET EVENING  1 TABLET BEDTIME ▲ PHARMACY ADVICE	Patient Name 300 East Street, Anytown, USA 00000 500 MG TABLET Generic equivalent of: Take 1 tablet orally 2 times a day	Important Information <ul style="list-style-type: none">• Talk to your Dr. about the safe use of alcohol while taking this drug.• Severe vomiting or diarrhea may cause dehydration if these occur call MD.• Drug may cause lactic acidosis. If symptoms develop, seek medical help. <small>CAUTION Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.</small>  SCAN TO REFILL
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