JOHN Q. SAMPLE, M.D.
DEA # AA12345678 CA LIC # B12345 NPI # 123456789

123 ANYWHERE STREET
ANYWHERE, CA 12345
555-456-7899 FAX: 555-123-4567

NAME _____ DOB _____

ADDRESS _____

QUANTITY:
❒ 1-24
❒ 25-49
❒ 50-74
❒ 75-100
❒ 101-150
❒ 151 AND OVER

UNIT _____

REFILL ❒0 ❒1 ❒2 ❒3 ❒4 ❒5

❒ DO NOT SUBSTITUTE

x_____ M.D. DATE _____

SP 118 PRESCRIPTION IS VOID IF THE NUMBER OF DRUGS PRESCRIBED IS NOT NOTED: _____

100000_1_100000 00001

VERIFICATION BOX
Triple i
RUB BRISKLY

SERIAL # TCY123A00001

SAFETY FEATURES ON THIS DOCUMENT INCLUDE: ON FRONT - COLORED VOID BACKGROUND - SIDE MICROPRINT LINES
ERASURE PROTECTION - REVERSE Rx DROPOUT - HEAT-SENSITIVE INK • ON BACK - ARTIFICIAL WATERMARK