

TELEPHONE PRESCRIPTION

RX NO. 17

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
FOR: \_\_\_\_\_ AGE: 72  
ADDRESS: \_\_\_\_\_ DATE: 11/14/05

NTG 0.4 mg  
one tab Q5min x 3 pm SL  
#30

16 ✓ Do Not Refill

\_\_\_\_\_  
M.D., D.D.S., D.P.M., D.O., D.V.M.  
STATE LICENSE NO. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

TELEPHONE PRESCRIPTION

RX NO. 19

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGE: \_\_\_\_\_ DATE: 4/18/05

DOCTOR:  Jeffrey C. Eltinger, M.D. Lic. #057512  
 John M. Wortley, M.D. Lic. #65742  
 Leslyn A. Watson, F.N.P. Lic. #397815

Rx 1) KETEK 200 mg #14 MC  
10 days  
2 tab QD  
2) TESSALAN POUCH #200 mg  
1 tab TID #30

DOCTOR: \_\_\_\_\_  
DEA NO. \_\_\_\_\_ STATE LICEN. \_\_\_\_\_ REFILL 0 TIMES  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

TELEPHONE PRESCRIPTION

RX NO. 18

Rx  
NAM: \_\_\_\_\_  
ADD: \_\_\_\_\_  
PHO: \_\_\_\_\_  
ORI: \_\_\_\_\_

Propranolol, 20 mg  
#20  
3 iii daily  
x 2 d. Then  
decrease by  
i daily as  
directed

Refill X 2  
DC: \_\_\_\_\_  
DE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

TELEPHONE PRESCRIPTION

RX NO. 20

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONED BY: \_\_\_\_\_  
ORIGINAL R: \_\_\_\_\_

Rx 1 1/2 cap bid x 10 days  
Dip. Q.S.

DOCTOR: \_\_\_\_\_ M.D., D.D.S., D.P.M., D.O., D.V.M.  
DEA NO. \_\_\_\_\_ STATE LICENSE NO. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

**TELEPHONE PRESCRIPTION** RX NO. 21

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MAX REFILL: 12 (TIMES)

*lisinopril 20 mg #30 x 12*  
*1 qd Tablet daily*

DOCTOR: \_\_\_\_\_ M.D., D.D.S., D.P.M., D.O., D.V.M.  
 DEA NO. \_\_\_\_\_ STATE LICENSE NO. \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

**TELEPHONE PRESCRIPTION** RX NO. 23

NAME: \_\_\_\_\_ DATE: 1/1/11

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

*Methotrexate 25mg*  
*#28*  
*Sig: take 1 once weekly*

1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over

DOCTOR: \_\_\_\_\_ M.D., D.D.S., D.P.M., D.O., D.V.M.  
 DEA NO. \_\_\_\_\_ STATE LICENSE NO. \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

**TELEPHONE PRESCRIPTION** RX NO. 22

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ORIGINAL RX NO. \_\_\_\_\_ NONE \_\_\_\_\_ (TIMES)

*R<sub>x</sub> 2-pk 100 mg/5 cc*  
*I 4 ml po Day 1 then*  
*2 ml Day 2-5*

DOCTOR: \_\_\_\_\_ M.D., D.D.S., D.P.M., D.O., D.V.M.  
 DEA NO. \_\_\_\_\_ STATE LICENSE NO. \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

**TELEPHONE PRESCRIPTION** RX NO. 24

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

QUANTITY	STRENGTH	AMOUNT	REFILLS
<i>Rx</i>	<i>Greg 0.25mg</i>	<i>6.25</i>	<i>3</i>
<i>sig.</i>	<i>1 tab qd</i>		
<i>Rx</i>			
<i>sig.</i>			
<i>Rx</i>			
<i>sig.</i>			

DOCTOR: \_\_\_\_\_ M.D., D.D.S., D.P.M., D.O., D.V.M.  
 DEA NO. \_\_\_\_\_ STATE LICENSE NO. \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

**TELEPHONE PRESCRIPTION** RX NO. 25

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONED BY: \_\_\_\_\_ MAY REFILL \_\_\_\_\_ (TURNS)

*Augmentin 875/125 BID #20*  
*x10d.*  
*file by phar 150 mg oral tab.*  
*asked to 3 refills*

DOCTOR: \_\_\_\_\_ M.D. D.D.S. D.P.M. D.O. D.V.M.

DEA NO. \_\_\_\_\_ STATE LICENSE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

**TELEPHONE PRESCRIPTION** RX NO. 27

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONED BY: \_\_\_\_\_ MAY REFILL \_\_\_\_\_ (TURNS)

*Prescription sig #10*  
*Sig: II qd x 2d; i qd x 5d;*  
*1/2 qd x 2d 2 food in AM.*

Refill NR 1 2 3 4 5

VOID after \_\_\_\_\_

Do Not Substitute-Dispense As Written

Prescription is void if more than one (1) \_\_\_\_\_ M.D. D.D.S. D.P.M. D.O. D.V.M.

DEA NO. \_\_\_\_\_ STATE LICENSE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

**TELEPHONE PRESCRIPTION** RX NO. 26

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONED BY: \_\_\_\_\_ MAY REFILL \_\_\_\_\_ (TURNS)

*ibuprofen 800mg*  
*to 980mg*  
*w/ food #50*  
*oral long to 980mg*  
*#30*

INITIAL QUANTITY:	INITIAL QUANTITY:	INITIAL QUANTITY:
<input type="checkbox"/> 1-24	<input type="checkbox"/> 1-24	As Applicable
<input type="checkbox"/> 25-49	<input type="checkbox"/> 25-49	<input type="checkbox"/> No Known Allergies
<input type="checkbox"/> 50-74	<input type="checkbox"/> 50-74	<input type="checkbox"/> Allergies List on Reverse (optional)
<input type="checkbox"/> 75-100	<input type="checkbox"/> 75-100	<input type="checkbox"/> Worker's Comp.
<input type="checkbox"/> 101-150	<input type="checkbox"/> 101-150	<input type="checkbox"/> Spanish Label
<input type="checkbox"/> 151 & over	<input type="checkbox"/> 151 & over	

REFILL QUANTITY:  1-24  25-49  50-74  75-100  101-150  151 & over

NO NOT SUBSTITUTE

DOCTOR: \_\_\_\_\_ STATE LICENSE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

**TELEPHONE PRESCRIPTION** RX NO. 28

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONED BY: \_\_\_\_\_ MAY REFILL \_\_\_\_\_ (TURNS)

*ix Address*  
*Wooden 5/500 J to II*  
*1) 1094-6000 pain (#24)*  
*2)*  
*3)*

Quantity:	Quantity:	Quantity:
<input type="checkbox"/> 1-24	<input type="checkbox"/> 1-24	<input type="checkbox"/> 1-24
<input type="checkbox"/> 25-49	<input type="checkbox"/> 25-49	<input type="checkbox"/> 25-49
<input type="checkbox"/> 50-74	<input type="checkbox"/> 50-74	<input type="checkbox"/> 50-74
<input type="checkbox"/> 75-100	<input type="checkbox"/> 75-100	<input type="checkbox"/> 75-100
<input type="checkbox"/> 101-150	<input type="checkbox"/> 101-150	<input type="checkbox"/> 101-150
<input type="checkbox"/> 151 and over	<input type="checkbox"/> 151 and over	<input type="checkbox"/> 151 and over

Units: \_\_\_\_\_ Refills: \_\_\_\_\_ 0-1-2-3-4-5

DO NOT SUBSTITUTE

DOCTOR: \_\_\_\_\_ STATE LICENSE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHARMACIST: \_\_\_\_\_

