



U.S. Department of Health and Human Services  
Assistant Secretary for Preparedness and Response

200 Independence Avenue, SW  
Washington, DC 20201  
1-866-952-6182



Date: \_\_\_\_\_ Team: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

SECURITY FEATURES ON BACK

R

*Handwritten signature: KOTD*

RXS2008117-127281A-2MP

Refill \_\_\_\_\_ PRN NR \_\_\_\_\_ DEA # \_\_\_\_\_

(Signature) \_\_\_\_\_

(Provider Name) \_\_\_\_\_

28601

To ensure brand name dispensing, prescriber must write  
"Dispense as Written" on the prescription.

This Drug Order Expires 30 days from Date of Issue