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9 E Commerce Drive
Schaumburg, IL 60173
P: (855)237-9112 || F: (855)237-9113

PATIENT

Name: _____ DOB: _____ Phone: _____

Address: _____ City, State: _____ ZIP: _____

PRESCRIPTION

DATE: ____ / ____ / _____

□ **Drug and Strength:** _____ **Quantity** _____ **Refills** _____

Directions: _____

□ **Drug and Strength:** _____ **Quantity** _____ **Refills** _____

Directions: _____

□ **Drug and Strength:** _____ **Quantity** _____ **Refills** _____

Directions: _____

□ **Drug and Strength:** _____ **Quantity** _____ **Refills** _____

Directions: _____

□ **Drug and Strength:** _____ **Quantity** _____ **Refills** _____

Directions: _____

PRESCRIBER

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Chicago, IL 60006
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_____ _____

Prescriber Signature *Best Office Contact Person*