



FOR \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 REFILL \_\_\_\_\_ TIMES

PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

DEA NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 Rx Systems, Inc. 33000

33000


TELEPHONED PRESCRIPTION \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Time \_\_\_\_\_ Deliver \_\_\_\_\_ Will Call \_\_\_\_\_  
 Original Rx. No. \_\_\_\_\_ Do Not Refill  Refill \_\_\_\_\_ Times



LABEL Yes  No  Doctor \_\_\_\_\_  
 Dispense as Written \_\_\_\_\_ Pharmacist \_\_\_\_\_  
 Substitution Permitted \_\_\_\_\_ DEA No. \_\_\_\_\_  
 Rx Systems, Inc. 33001


33001

PHONED A.M. P.M.	PROMISED	DELIVER	WILL CALL
------------------------	----------	---------	-----------

For \_\_\_\_\_  
 Address \_\_\_\_\_  


Dr. \_\_\_\_\_ Substitution Permitted \_\_\_\_\_ Dr. \_\_\_\_\_ Dispense as Written \_\_\_\_\_  
 DEA No. \_\_\_\_\_ Refill \_\_\_\_\_ Times \_\_\_\_\_ Address \_\_\_\_\_  
 Date \_\_\_\_\_  
 Rx Systems, Inc. 33003

33003

FOR \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 REFILL \_\_\_\_\_ TIMES


PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

DEA NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 Rx Systems, Inc. 33005

33005

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Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  


Label Yes  No   

Rept.	ut	dictum
1	2	3
4	5	times
PRN	Non Refill	

Dispense as Written \_\_\_\_\_ Brand Exchange Permissible \_\_\_\_\_  
 Refill \_\_\_\_\_ Times \_\_\_\_\_ DEA No. \_\_\_\_\_  
 Rx Systems, Inc. 33007

33007

FOR \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

REFILL \_\_\_\_\_ TIMES

DR. \_\_\_\_\_ SUBSTITUTION PERMITTED \_\_\_\_\_ DR. \_\_\_\_\_ DISPENSE AS WRITTEN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DEA No. \_\_\_\_\_  
 Rx Systems, Inc. 33008


33008

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONED BY \_\_\_\_\_ PHONE \_\_\_\_\_  
 DOB \_\_\_\_\_ DX \_\_\_\_\_ ALLERGY \_\_\_\_\_  
 COUNSELED  REFUSED  UD  RPH \_\_\_\_\_ DEL \_\_\_\_\_  
 ACCT# \_\_\_\_\_ NHP \_\_\_\_\_ 3rd P# \_\_\_\_\_

DR. \_\_\_\_\_ DISPENSE AS WRITTEN \_\_\_\_\_ DR. \_\_\_\_\_ SUBSTITUTION PERMISSIBLE \_\_\_\_\_  
 DOCTOR'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ DEA NO. \_\_\_\_\_  
 Rx Systems, Inc. 33010

33010


PHONED A.M. P.M.	PROMISED	DELIVER	WILL CALL
------------------------	----------	---------	-----------

For \_\_\_\_\_  
 Address \_\_\_\_\_  


REFILL \_\_\_\_\_ TIMES

\_\_\_\_\_ SUBSTITUTION PERMITTED \_\_\_\_\_ M.D. \_\_\_\_\_ DISPENSE AS WRITTEN \_\_\_\_\_ M.D. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ DATE \_\_\_\_\_  
 Rx Systems, Inc. 33011


33011

FOR \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  


REFILL \_\_\_\_\_ TIMES DR. \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 DEA No. \_\_\_\_\_  
 Rx Systems, Inc. 33012

33012


TELEPHONED PRESCRIPTION \_\_\_\_\_ Rx NUMBER \_\_\_\_\_  
 NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONED BY \_\_\_\_\_ TIME \_\_\_\_\_ DELIVER \_\_\_\_\_ WILL CALL \_\_\_\_\_  
 ORIGINAL RX NO. \_\_\_\_\_ DO NOT REFILL  REFILL \_\_\_\_\_ TIMES



LABEL

PHARMACIST \_\_\_\_\_ Doctor \_\_\_\_\_ M.D. \_\_\_\_\_  
 Dr's Phone \_\_\_\_\_ Doctor's Address \_\_\_\_\_ DEA No. \_\_\_\_\_  
 Rx Systems, Inc. 33013


33013 / 33013G (Green Bond)

FOR \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  


REFILL \_\_\_\_\_ TIMES

\_\_\_\_\_ DISPENSE AS WRITTEN \_\_\_\_\_ MAY SUBSTITUTE \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ DATE \_\_\_\_\_  
 Rx Systems, Inc. 33017

33017



33018

TELEPHONED PRESCRIPTION

FOR \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**R**

DISPENSING INSTRUCTIONS OF PRESCRIBER  
PHARMACIST'S INITIAL IN BOX PLACED BEFORE DISPENSING INSTRUCTION

PRESCRIBED A BRAND NAME DRUG ONLY FOR PATIENT

PRESCRIBED A GENERIC EQUIVALENT FOR PATIENT      PHONE NO. \_\_\_\_\_

REFILL \_\_\_\_\_ TIMES DR. \_\_\_\_\_ PROFESSIONAL DESIGNATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ DEA NO. \_\_\_\_\_

Rx Systems, Inc. 33022

33022

FOR \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**R**

REFILL \_\_\_\_\_ TIMES

DISPENSE AS WRITTEN      MAY SUBSTITUTE

DEA No. \_\_\_\_\_ ADDRESS \_\_\_\_\_

Rx Systems, Inc. 33023

33023

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

**R**

SUBSTITUTION PERMISSIBLE \_\_\_\_\_ M.D.

IN ORDER FOR A BRAND PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

OFFICE ADDRESS \_\_\_\_\_ DEANo. \_\_\_\_\_

REPETATUR YES  NO  TIMES \_\_\_\_\_ PA LIC. No. \_\_\_\_\_

Rx Systems, Inc. 33024

33024

Printed on 20# white bond paper. Printed with blue ink. Blanks are 100 sheets per pad and 10 pads per package. All measure 4"x5". To order use the stock number printed below each style.

*CA File Folders & Storage Drawers Available*

## ITEMS BELOW SOLD IN BULK - 10,000 PER CASE

TELEPHONE PRESCRIPTION      RX NUMBER \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONED BY \_\_\_\_\_ TIME \_\_\_\_\_ DELIVER \_\_\_\_\_ WILL CALL \_\_\_\_\_

ORIGINAL Rx NO. \_\_\_\_\_ DO NOT REFILL  REFILL \_\_\_\_\_ TIMES

MC.   
PVT.   
LABEL: YES  NO

PHARMACIST \_\_\_\_\_ DR'S PHONE \_\_\_\_\_ DOCTOR \_\_\_\_\_

DR'S ADDRESS \_\_\_\_\_ DEA NO. \_\_\_\_\_

Rx Systems, Inc. 33030

33030 - CALIFORNIA

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

ADDRESS \_\_\_\_\_

PHONED BY \_\_\_\_\_ ORIG.  NO \_\_\_\_\_

**R**

REFILLS \_\_\_\_\_

DR. \_\_\_\_\_ DISPENSE AS WRITTEN \_\_\_\_\_ DR. \_\_\_\_\_ SUBSTITUTION PERMISSIBLE \_\_\_\_\_

DOCTOR'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ DEA NO. \_\_\_\_\_

Rx Systems, Inc. 33032

33032 - D.A.W. LEFT

FOR \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**R**

REFILL \_\_\_\_\_ TIMES

A generic equivalent drug product may be dispensed unless the practitioner hand writes the words "Brand Necessary" or "Brand Medically Necessary" on the face of the prescription.

SIGNATURE \_\_\_\_\_ DEA No. \_\_\_\_\_

ADDRESS \_\_\_\_\_

Rx Systems, Inc. 33033

33033 - TEXAS