



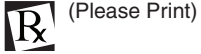
2431 S. M-30 • West Branch, MI 48661
Phone 1-989-516-0100 • Fax 1-989-345-0485

BAY HEART & VASCULAR

Daniel T. Lee, M.D. - DEA # BL6886418
Mark Sierra, M.D. - DEA# FS0787664
David Ternes, D.O. - DEA# FT0304092
Aimee Bellinger, N.P. - DEA# MB2756205
Tom Tomczak, N.P. - DEA# MT0711184

Name: _____ Date: ____ / ____ / ____

Address: _____



Label

REFILL ____ TIMES. PRN NR

Another brand of generically equivalent product, identical in dosage, form and content of active ingredients, may be dispensed unless box is initialed D.A.W.
RXB-23 (2/17)



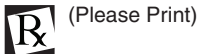
2431 S. M-30 • West Branch, MI 48661
Phone 1-989-516-0100 • Fax 1-989-345-0485

BAY HEART & VASCULAR

Daniel T. Lee, M.D. - DEA # BL6886418
Mark Sierra, M.D. - DEA# FS0787664
David Ternes, D.O. - DEA# FT0304092
Aimee Bellinger, N.P. - DEA# MB2756205
Tom Tomczak, N.P. - DEA# MT0711184

Name: _____ Date: ____ / ____ / ____

Address: _____



Label

REFILL ____ TIMES. PRN NR

Another brand of generically equivalent product, identical in dosage, form and content of active ingredients, may be dispensed unless box is initialed D.A.W.
RXB-23 (2/17)



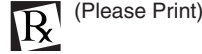
2431 S. M-30 • West Branch, MI 48661
Phone 1-989-516-0100 • Fax 1-989-345-0485

BAY HEART & VASCULAR

Daniel T. Lee, M.D. - DEA # BL6886418
Mark Sierra, M.D. - DEA# FS0787664
David Ternes, D.O. - DEA# FT0304092
Aimee Bellinger, N.P. - DEA# MB2756205
Tom Tomczak, N.P. - DEA# MT0711184

Name: _____ Date: ____ / ____ / ____

Address: _____



Label

REFILL ____ TIMES. PRN NR

Another brand of generically equivalent product, identical in dosage, form and content of active ingredients, may be dispensed unless box is initialed D.A.W.
RXB-23 (2/17)



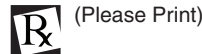
2431 S. M-30 • West Branch, MI 48661
Phone 1-989-516-0100 • Fax 1-989-345-0485

BAY HEART & VASCULAR

Daniel T. Lee, M.D. - DEA # BL6886418
Mark Sierra, M.D. - DEA# FS0787664
David Ternes, D.O. - DEA# FT0304092
Aimee Bellinger, N.P. - DEA# MB2756205
Tom Tomczak, N.P. - DEA# MT0711184

Name: _____ Date: ____ / ____ / ____

Address: _____



Label

REFILL ____ TIMES. PRN NR

Another brand of generically equivalent product, identical in dosage, form and content of active ingredients, may be dispensed unless box is initialed D.A.W.
RXB-23 (2/17)