

Sample Medication Prescription  
MMG PROVIDER OFFICE

Dr. \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Patient: \_\_\_\_\_

Drug/Dose: \_\_\_\_\_ Qty. Disp.: \_\_\_\_\_

Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Balance: \_\_\_\_\_

Directions: \_\_\_\_\_

Side Effects Discussed:  Yes  No **No Refills**

**Provider Signature:** \_\_\_\_\_

MM-150 (1/14) WHITE - patient CANARY - sample log PINK - patient chart

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