



BAY REGION

200 S. Wenona • Suite 195 • Bay City, MI 48706
Phone (989) 892-4591 • Fax (989) 892-7712

Derrick Jauss, PA-C DEA# MJ1840669



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Name: _____ Date: ____ / ____ / ____

Name: _____ Date: ____ / ____ / ____

Address: _____

(Please Print)

(Please Print)

VOID

Label

Label

REFILL ____ TIMES. PRN NR

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-1 (9/14) 2 Part

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.
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