

ORDER FROM SERVICE AND DISTRIBUTION CENTER

BEFORE FILLING PERFORM SECURITY CHECK ON REVERSE

STOCK # F05466

FRONT - SAMPLE ONLY

**TO BE FILLED IN  
VA PHARMACIES  
ONLY**

080001068

IMPRINT PATIENT DATA CARD IN SPACE ABOVE

**Please check or circle appropriate block:**

AUTH ABS - 96 HOURS	AUTH ABS + 96 HOURS	INPA- TIENT	EMP	REG DISCH	NBC	PBC	A&A OR HB	CNH	SC	OPT NSC	OTHER FED	AMB CARE	OTHER
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Refill:            1       2       3       4       5       Nonrefill

Another brand equal, in quality, of the same basic drug may be dispensed, UNLESS checked.

Label with medicine NAME, STRENGTH and QUANTITY UNLESS checked.

SIGNATURE AND TITLE OF PHYSICIAN OR DENTIST	DEA NUMBER	DATE
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**NOTE TO PHARMACIST: Complete Medication Record on reverse BEFORE DISPENSING**VA FORM 10-2577F  
JAN 1994**SECURITY PRESCRIPTION FORM**

**MEDICATION DISPENSING FORM**

REFILL	MANUFACTURER AND CONTROL NUMBER	DATE DISPENSED	CHECK IF MAILED	SIGNATURE/INITIALS OF DISPENSING PHARMACIST
Original				R.Ph.
1st Refill				R.Ph.
2nd Refill				R.Ph.
3rd Refill				R.Ph.
4th Refill				R.Ph.
5th Refill				R.Ph.
Renewal Notice Sent				R.Ph.

CALCULATIONS/PHARMACIST REMARKS

SCRATCH BELOW, FORM IS  
VALID IF MARK APPEARS