

ORDER FROM SERVICE AND DISTRIBUTION CENTER

STOCK # F05466

FRONT - SAMPLE ONLY

REFILLING PERFORM SECURITY CHECK ON REVERSE

TO BE FILLED IN

VA PHARMACIES

ONLY

080001068

IMPRINT PATIENT DATA CARD IN SPACE ABOVE

Please check or circle appropriate block:

AUTH ABS. 98 HOURS	AUTH ABS. 98 HOURS	INPA- TIENT	EMP	REG DISCH	NBC	PBC	ASA 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

NOTE TO PHARMACIST: Complete Medication Record on reverse BEFORE DISPENSING

VA FORM 10-2577F  
JAN 1994

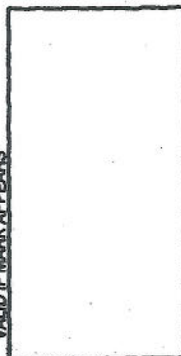
SECURITY PRESCRIPTION FORM

BACK - SAMPLE **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



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