

# OFFICIAL NEW YORK STATE PRESCRIPTION

Penelope Practitioner, NP  
356 Main Street  
Anytown, NY 12345  
(518) 222-1234  
LIC. 456789

PRACTITIONER DEA NUMBER

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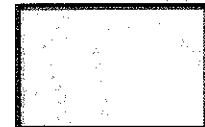
Patient Name Jane Doe Date 4/30/11

Address 123 Your Street

City Anytown State NY Zip 12345 Age 48 Sex  M  F

**Rx**

Prozac 20 mg  
Sig: one by mouth daily  
Disp: 30



MAXIMUM DAILY DOSE  
(controlled substances only)

Prescriber Signature  Penelope Practitioner, NP

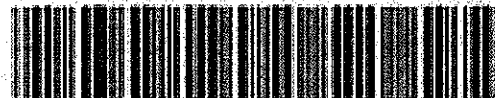
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN BOX BELOW

REFILLS

None  
Refills: 2

DAW

**00GHTG 30**



PHARMACIST  
TEST AREA:

Dispense As Written