

# Prescription Template

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## PRESCRIBER INFORMATION

Doctor Name:

License Number:

Practice Name:

Phone:

## PATIENT INFORMATION

Patient Name:

Date of Birth:

Date:

# Rx

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Medication 1:

Dosage / Frequency:

Quantity / Refills:

Medication 2:

Dosage / Frequency:

Quantity / Refills:

Medication 3:

Dosage / Frequency:

Quantity / Refills:

Prescriber Signature: