Joseph A. Doe, DDS
11212 Main Street
Anytown, USA
123-4567

Patient's Name_____ **Age** ___

Address_____ **Date**___

R_x

Percocet 5 mg tabs
Disp: #10 (ten)
Sig: 1 tab PO stat, then 1 tab q6h pen pain

Refill 0 (zero) times

_____ *Joseph A. Doe, DDS*

Substitution Allowed Dispense as Written

DEA# JD0000