

PLEASE PRINT (LAST NAME) (FIRST NAME) (INITIAL)				INMATE NUMBER	
				DATE	
				UNIT/CLINIC	
R CROSS OUT UNUSED BLANKS	STRENGTH	AMOUNT	DIRECTIONS	R NUMBER	REFILL
1.					
2.					
3.					
4.					
REMARKS:					
			SIGNATURE OF PRESCRIBER		
			NARCOTIC EXEMPTION NO.		