

PRACTITIONER DEA NUMBER

BF 9267940.

Patient Name



Date

6/14/15

Address

City

State

Zip

Age

Sex

M

F

Rx

Cupro 500 mg  
#10  
TABS PO BID



Preferred Language

Prevent medication errors. Please see back of prescription.

Prescriber Signature X

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

REFILLS

None  
Refills:

MAXIMUM DAILY DOSE  
(controlled substances only)

PHARMACIST  
TEST AREA:

Dispense As Written

0QSLNY 89

