



Doctor's Letter (To be completed by Doctor)

*This form can be used as a substitute for the prescription as long as it is completed.

Dear Sir/Madam:

Mr. /Mrs. _____ is under my continued care and I have prescribed the following medications:

Medication	Brand	Strength	Directions	Quantity	#Refills
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

I am a medical doctor licensed to practice medicine in the state of _____

Your assistance in helping my patient will be greatly appreciated. If you require additional information, please do not hesitate to contact me.

Sincerely yours,

Physician's Signature _____

DEA# _____ Licence# _____

Dr. Name (Please Print): _____

Dr. Address: _____

Telephone #: () _____ Fax #: () _____

Date: _____