

Patient Name: **Paul Dixon**

Address: 54 Canyon Ridge Ct
Wentzville MO 63385

Date Of Birth: **05/14/2025**

Gender: Male

License #:MO-9876087

Phone: 7022457307

Email: nordberg60@yahoo.com

Issued By: Paul Dixon

Supervisor:

Location: Clinicky1
123 Dr Way f1
Seabreeze 221, MO, 633851

Prescriber Order Number: 206171307

NPI#: 98765432111

DEA#: 12345678915

SPI#:

State License#:

Phone: 702-245-76661

RxReference#:

XDEA#:

PRESCRIPTION AS FOLLOWS

Written: **05/05/2025**

Medication NDC

Prescribed:

Medication **Applesauce**

Prescribed:

Quantity:

Directions: **take 49 time per day - \$150**

Escrypt Expiration Date:

NDC:

Days Supply:

Refills: **(additional refills)**

Note: Pay Type:Patient Pay Ship Type:Ship to Patient at Address Above - - Overnight: \$30

Substitutions: Substitutions Allowed

Diagnosis/use:(not specified)

DEA Schedule:

Allergies:

Diagnosis codes: ICD1-5

Sent:5/5/25 04:33 PM

To:Partell Specialty Pharmacy

Sender Message Id:56583c7f84e2f81448bb1949b73cca1bea27c506

Received: 5/5/2025 04:35:06 PM

Printed: 5/5/2025 05:13 PM

Signed electronically by:Paul Dixon

Signed on Date:5/5/25 04:33 PM