

New Prescription

Patient Name: **paddddy**

Address: 54 Canyon Ridge Ct
Wentzville MO 63385

Date Of Birth: **252345**

Gender: Male

License #:

Phone: 7022457307

Email: nordberg60@yahoo.com

Issued By: Doctor1 Prescriber1

Supervisor:

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

Prescriber Order Number:XXXXXXXXXX

NPI#: 98765432111

DEA#: 12345678915

SPI#:

State License#:

Phone: 702-245-76661

RxReference#:

XDEA#:

PRESCRIPTION AS FOLLOWS

Written: 02/25/2025

Esript Expiration Date:

NDC:

Days Supply:

Refills: **0 (additional refills)**

Medication NDC

Prescribed:

Medication**Apples**

Prescribed:

Quantity:**0**

Directions:**60x per minute - \$1million**

Note:

Pay Type:Patient Pay Ship Type:Ship to Patient at Address Above - - Overnight: \$25

Substitutions: Substitutions Allowed

Diagnosis/use:(not specified)

DEA Schedule:

Allergies:

Diagnosis codes:

Sent:02/25/2025 08:52:50 PM

Received: 02/25/2025 08:53:06 PM

Printed: 02/25/2025 08:58:57 PM

To:Partell

Pharmacy

Sender Message Id:94e9adf15dba8cfc6a2 Signed on Date:02/25/2025 08:52:50 PM

01b15ec925431e19303e1

Signed electronically by:Doctor1 Prescriber1