

RX INFORMATION

UNIQUE ID: RX-654321-888
TX DATE: 08-27-2025 2:00 PM
TO: Partell Pharmacy

PRESCRIBER INFORMATION

Wellness Center
NPI: 0987654321
33101
Email: partners@nativemed.net

Alice Johnson
789 Pine St
Phone: (987) 654-3210

DEA: CD7654321
Sometown, FL
Fax: (987) 654-3211

PATIENT INFORMATION

ICD10: M79.1
75001
License #:

DOB: 1985-10-20
101 Maple Ave
Phone: 987-654-3210

Gender: M
Anothertown, TX
Email:

SELECTED DRUGS

Aspirin
SIG: Take two tablets as needed
Refills: 1
Quantity: 60

SUPPLIES: na

Notes:

Other RX:

SHIPPING INFORMATION

Ship Type: Express
Overnight: 15.99
Pay Type: Cash

I certify that I am the Prescribing Physician or Prescriber Authorized Agent identified in the "Prescriber Information" section above and hereby attest that the medical necessity information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. The patient/caregiver is capable and has successfully completed or will be trained on the proper use of the products prescribed on this order.

Alice Johnson

Wednesday 27th of August 2025 02:00:00 PM

Unique Document ID: RX-654321-888
Unique Prescriber ID: API_654321
SSI Trace: ea7ed245f8193dc8e641839315c536b9