RX INFORMATION

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

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

DOB: 1985-10-20
ICD10: M79.1
75001
License #:

101 Maple Ave
Phone: 987-654-3210

Gender: M
Anothertown, MO
Email:

SELECTED DRUGS

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

SUPPLIES: na

Notes:
These are a bunch of notes regarding this prescriptions
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 â€œPrescriber Informationâ€• 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
Unique Prescriber ID: API_654321
SSI Trace: c5cb252234fa3ddd69f1a351ac3250f2