

**RX INFORMATION**

UNIQUE ID: RXUNI002

TX DATE: 07-27-2024 12:00 AM

TO:

**PRESCRIBER INFORMATION**

NPI:

Email: partners@nativemed.net

Phone:

DEA:

Fax:

**PATIENT INFORMATION**

Jane Smith

ICD10: J45.909

10001

License #: LIC789012

DOB: 1990-05-15

456 Elm St

Phone: 987-654-3210

Gender: Female

Othertown, NY

Email: jane@example.com

**SELECTED DRUGS**

Ibuprofen 200mg

SIG: Take two tablets as needed

Refills: 0

Quantity: 60

20.50

SUPPLIES: na

Notes:

Monitor for side effects

Other RX:

Alternative drug if needed

**SHIPPING INFORMATION**

Ship Type: Express

Overnight: 10.00

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.

Saturday 27th of July 2024 12:00:00 AM

Unique Document ID: RXUNI002

Unique Prescriber ID: 2

SSI Trace: 16f84107d8b0c08595118343d2034828