

RX INFORMATION

UNIQUE ID: a168dfa5a40f78d4c476921656d379f4202a9913

TX DATE: 05-05-2025 12:00 AM

TO: Partell Pharmacy

PRESCRIBER INFORMATION

Clinicky1

NPI: 98765432111

633851

Email: info2@test.com

Doctor1 Prescriber1

123 Dr Way f1

Phone: 702-245-76661

DEA: 12345678915

Seabreeze 221, MO

Fax: 702-245-76621

PATIENT INFORMATION

ICD10: ICD1-5

63385

License #: 7777777

DOB: 2010-03-04

54 Canyon Ridge Ct

Phone: 7022457307

Gender: Male

Wentzville, MO

Email: nordberg60@yahoo.com

SELECTED DRUGS

Calcium Gluconate - 10% Injection - 10 mL vial

SIG: Use As Directed by Provider

Refills: 2

Quantity: 55

\$40

SUPPLIES: na

Notes:

fffffffff

Other RX:

SHIPPING INFORMATION

Ship Type: Pickup

Overnight: Overnight: \$30

Pay Type: Patient Pay

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.

Doctor1 Prescriber1

Monday 5th of May 2025 12:00:00 AM

Unique Document ID: a168dfa5a40f78d4c476921656d379f4202a9913

Unique Prescriber ID: 1

SSI Trace: a6ce781f992724aca1f9550082c0dbf0