

(334) 244-4322
DEA #BF 6451520
AL #24127

Name Dr. J. J. Dimmick Date 5-4-17
Address _____

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Sig: 1 B
D: 10 X 10

Product Selection Permitted M.D. or C.R.N.P.
Dispense As Written M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR