

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTED SIGNATURE LINE,
BLUE PATTERN BACKGROUND, THERMOCHROMIC INK

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 244-4322
DEA #BF 6451520
AL #24127

Name Lisa Smith DOB: 9-29-67 Date 07-12-2012

Address _____

Rx

1 nebulizer^{machine} for respiratory treatment,
with age-appropriate nebulizer
accessories

M. Fair C.R.N.P., M.D. or C.R.N.P.
Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

_____, M.D. or C.R.N.P.
Dispense As Written

SECURE RX - HEAT SENSING INK - SLIDE THIS STRIP BETWEEN FINGER