

THIS DOCUMENT CONTAINS VOID PATTERNS FOR VERIFICATION OF SIGNATURE LINE
BLUE PATTERN BACKGROUND FOR VERIFICATION OF SIGNATURE LINE

AUBURN MONTGOMERY

STUDENT HEALTH CENTER

P. O. Box 244023

Montgomery, AL 36124-4023

(334) 244-3281

Carol Stewart, C.R.N.P.

Lic. #1-045437

Rx: 1178

Darlene Pierce, C.R.N.P.

Lic. #1-134315

RX: 3692

Ramona Lazenby, C.R.N.P.

Lic. #1-039092

Rx: 0703

Maryluz Fuentes, M.D.

(334) 286-3444

DEA #BF 6451520

AL #24127

Name

Laura Hicks

Date

6/21/17

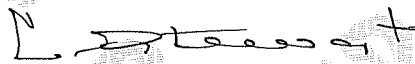
Address

R

Aralen 400mg 500mg

Disp: 7

Sig: Take one pill every 7 days. Begin 2 wks before departure, continue through stay and for four weeks after return.



M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill:

1 2 3 5

PRN

NR

Dispense As Written

M.D. or C.R.N.P.

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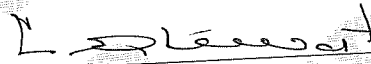
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