

THIS DOCUMENT CONTAINS VOID PANTOGRAPH MICROPRINTED SIGNATURE LINE
VALUET-PRINTED BACKGROUND THERMOCHROMIC INK

AUBURN MONTGOMERY

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Lic. #1-045437
Rx: 1178

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Ramona Lazenby, C.R.N.P.
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Darlene Pierce, C.R.N.P.
Lic. #1-134315
RX: 3692

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Pamela Deaton Date 2-17-12
Address _____

R

Malarone 250/100mg

Disp: 19

Sig: Take one pill a day. Begin 2 days before
departure, continue through stay and
for 7 days after return.

[Signature]

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.