

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) 286-2390
DEA #BF 6451520
AL #24127

Name Amanda Brasington

Date 2/9/15

Address _____

R

Azithromycin (2 pack) 250mg

Disp: 5 days

sig. Take as instructed on pkg.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

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

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

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Rx: 1178

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Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name Amanda Brasington

Date 2/9/15

Address _____

R

Prednisone 5mg Dose pack

Disp: 6 days

sig. Take as instructed on pkg.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

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

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