

KATHLEEN CANSLER, M.D.
LAS VEGAS MEDICAL CENTER
3824 S. JONES BOULEVARD, SUITE D
LAS VEGAS, NV 89103

(702) 726-7230 TEL.
(702) 726-7221 FAX

DEA # _____

LIC. # _____

NAME Carl Emerson AGE _____

ADDRESS _____ DATE 4/20/11

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE
ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH,
QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

R

*cpap @
7cm H₂O
pressure*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Refill NR 1 2 3 4 5

[Signature]

(Signature)

To ensure brand name dispensing, prescriber must handwrite "Dispense As Written" on the prescription.

OHIM0207637

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*2 pack
x 5 days*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

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R

*Zyflo D
T PO BID
#30
(thirty)*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Refill NR 1 2 3 4 5

[Signature]

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