WIL0905150001

FLORIDA MEDICAL CLINIC
NATALIE FAITH, M.D.
RHEUMATOLOGY

38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542
813-782-1234 FAX: 813-782-4458

Patient Name Carl Ericson

Address _____ Date Thu 02/5/2010

ANA (IFA only)
Uric Acid
CCP Ab 716.97
795.79

☐ LABEL

Refill _____ Times PRN NR

_____ M.D. RUB RED IMAGE

TO INSURE BRAND NAME DISPENSING, PRESCRIBER MUST WRITE "MEDICALLY NECESSARY" ON THE PRESCRIPTION.

FADES WITH HEAT

BLUE BACKGROUND. SECURITY FEATURES LISTED ON BACK.

PP11278-05-09