

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 Grieson

Address _____ Date May 14 2010

dSDNA Ab, ANA IFA,
C3, C4, SSA/SSB, CBC
Urinalysis, ESR, CRP
Scl-70, Smittu/RNP Ab
Creatinine

LABEL 795.79

Refill 1 Times PRN NR
Carl Grieson

TO INSURE BRAND NAME DISPENSING, PRESCRIBER MUST WRITE "MEDICALLY NECESSARY" ON THE PRESCRIPTION. M.D. RUB RED IMAGE

PP11278-05-09

FADES WITH HEAT

BLUE BACKGROUND. SECURITY FEATURES LISTED ON BACK.