

788-7867

5/17/10

9:00

WIL0905150001

FLORIDA MEDICAL CLINIC
NATALIE FAITH, M.D.
RHEUMATOLOGY

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

6901
MEDICAL
VIEW
LANE

Patient Name Carl Ericson

Address _____ Date May 14, 2010

Refer Dr. Richard

Moore -

photosensitive rash

LABEL

Refill _____ Times PRN NR

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

M.D.

RUB RED IMAGE

FADES WITH HEAT

BLUE BACKGROUND. SECURITY FEATURES LISTED ON BACK.

PP11278-05-09