FOR *(Mechanically Imprint, Type or Print Full Name)*

AGE (if under 12) *DATE:*

POLY PRESCRIPTION

NOTE: CONTROLLED SUBSTANCES MUST BE PRESCRIBED ON DD FORM 1289, DOD PRESCRIPTION, AND MUST BE FILED IN A SEPARATE FILE.

MEDICAL FACILITY

UCA CODE:

PRESCRIBER'S STAMP

DRUG NAME	STRENGTH	NUMBER	REFILLS	DIRECTIONS	PRESCRIPTION NUMBER	
1						
					LOT/MFGR.	FILLED BY:
2						
					LOT/MFGR.	FILLED BY:
3						
					LOT/MFGR.	FILLED BY:
4						
					LOT/MFGR.	FILLED BY:

SIGNATURE OF PRESCRIBER	GRADE	DEGREE (MD,DDS, ect.)	SOCIAL SECURITY NUMBER	CHECKED BY:

NAVMED 6710/6 (Rev. 3-84) S/N 0105-LF-206-7130