

Message Details

Date Written: 01/13/2009 Rx: RxRef
Sent: 08/11/2011 01:51 PM (GMT)
Received: 08/11/2011 09:51 AM
Trace ID: db77be7ad2e04e76a72e8f58f577d70a Original Trace ID:
Prescriber Order No: AAD-888517K52272135WYK4L44455YFF5ST
Sent By: Margaret spout when i get all steam Erickson s my handle and here is my

CR 1745D(ST 2005)

Patient Information

Title:
First Name: Very_long_first_name sahdjhasdfhkj
Middle Name:
Last Name: Very-Long_last_name_for_testf
Address: 1234 somewhere in long addressville
City/State/Zip: Menomonee Falls in the Parkasdfsadf, MA 19055

DOB: 01/01/1954
Gender: Unknown
Diag:

Telephone: 414-333-44443264357643564
Fax: 414-444-55552324523452345
Night: 435643564356453645364536

DATA IS MORE, SO IT IS
PRINTING II PAGE.

Prescriber Information

Title: Dr
First Name: Frank
Middle Name:
Last Name: Jircik
Clinic Name: Diagnostics R US Clinic
Address: 11797 SOUTH FWY STE 326
City/ST/Zip: Fort Worth, TX 76140
Specialty: Abdominal Surgery
Telephone: (817) 551-5400
Fax: (817) 551-5400
DEA Number: AJ3119903
State License Number: CTP12.1234567
SureScripts Provider ID: 6007241881001

Supervisor Information

Title: Dr.
First Name: Crystal er and pour me out yeehaw
Middle Name:
Last Name: Hegge ed up here my shout tip me ov
Clinic Name: Diagnostics R Us Clinic
Address: 1065 S. 60th Street
City/ST/Zip: Horsham, OH 45014
Specialty: General Practice
Telephone: (215) 111-2222
Fax: (215) 222-3333
Beeper: (215) 333-4444
DEA Number: NH1234567-1234567
Mutually Defined: 17420853
State License Number: CTP55.1234567

Product Information

Paxil Tablet 20 mg

Strength: 20 Milligram

Unit: Tablet

NDC: - -

Qty: 100.

Take 1 Tablet(s) By Oral Route

Days Supply: 30

Refills: 0

DAW: No

Prescriber Note:

Prior Auth: