



Beth Israel Deaconess Medical Center

Berenson Emergency Department
One Deaconess Road, Boston MA 02215
(617) 754-2400

DATE
03/13/2008

UNIT NO.
1068747

SEX DOB
F 01/01/54

R
Test Medication 500mg Tabs
Sig: 1 Tab PO TID x 3 days

Disp# **9** (Nine) Tablets

Refills: **3** (Three)

NAME **PIGGY, MISS**
ADDRESS 20 MAIN ST
BOSTON, MA 02115

Signature _____ DEA # _____
Test Doctor, MD
Provider / Supervising MD

42147497 4

INTERCHANGE IS MANDATED UNLESS THE PRACTITIONER WRITES THE WORDS "NO SUBSTITUTION" IN THIS SPACE



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