

RAMSEY COUNTY MENTAL HEALTH DEA REG. No. _____ NPI No. _____
1919 UNIVERSITY AVENUE W. #200
ST. PAUL, MN 55104
REFILL LINE (651) 266-7976
TELEPHONE (651) 266-7999
REFILL FAX (651) 266-7851
BATCH No. POS0810220026913

NAME Benjamin Dwyer

ADDRESS _____ DATE 9/4/14

R he was in hospital 8/14-25/14
and in intensive outpt treatment
8/26/14 to end 9/12/14.
Please excuse from work

REFILL - 0 - 1 - 2 - 3 - 4 - PRN

John R. ... MD

"VOID" PANTOGRAPH, MICRO-SIGNATURE LINES, EXTENDED INDICATOR STAINS, THERMOCHROMATIC HEAT SENSITIVE BARS, TRUE FOURDRINIER WATERMARK, PRINTED ON BACK "SECURITY PRESCRIPTION BLANK", VISIBLE FIBERS AND INVISIBLE FIBERS, AND CANARY COPY ON FILE.