

This is for
Subei Lugo's

~~THU~~ THURSDAY + FRIDAY

Avera 
1000 E. 21st Street
Suite 3100
Sioux Falls, SD 57105-1080
Phone (605) 322-7595
Fax (605) 322-7599
Children's Hospital & Clinics

Marwan D. Hanna, MD

W. Anthony Smithson, MD

Pat Simmons, RN

NAME _____

DATE 11/29/07

Rx Hector R. Lopez was in the office with his son for a doctor appointment.

Label

Refill _____ Times PRN NR

DEA #BH 211881 (MDH)
DEA #AS 6075534 (WAS)

 M.D.
Dispense as Written

Substitution Permitted

7175-87 PS (7/06)

LUCAS-LOPEZ, HECTOR
10/28/2006 1M 01M 3.613-1
11/29/07 Hanna, Marwan D MD
A:MK0001363384 MR:MK00801617

**Avera McKennan
Hospital Pharmacy**
Phone (605) 322-8305

If this prescription is dispensed by Avera McKennan Hospital Pharmacy it will be filled according to formulary policy unless checked.

Label contents unless checked.

Filled by: _____

Refill _____ times

MD DEA#: _____

MD Address: _____

Date: _____

Addressograph this area

Please write "Brand Necessary" if brand name product is desired!

Drug: Hector Lucas-Lopez

Qty: was hospitalized from

Sig: 11/29/07 - 12/1/07 at Avera McKennan.

 MD

White - Pharmacy or Patient
Pink - Medical Records