

Avera
Children's Hospital & Clinics

1000 E. 21st Street
Suite 3100
Sioux Falls, SD 57105-1080
Phone (605) 322-7595
Fax (605) 322-7599

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

[Signature] M.D.
Dispense as Written

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

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.

[Signature] MD

White - Pharmacy or Patient
Pink - Medical Records