

Name Lucas Lopez - Hecker
Address _____ Date 12/10/09

Rx To whom it may concern:
This is to inform that Hecker was
accompanied by his parents to
our clinic for checking.

Label
Refill _____ Times PRN NR

Substitution Permitted _____ M.D. W. L. ... M.D.
Dispense as Written _____

7175-93 PS DEA No. _____