



Sanford

Occupational Medicine

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Sanford Clinic Occupational Medicine Walk-in Clinic
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NAME Jason Brudwick AGE _____
 ADDRESS _____ DATE 02.15.08

Rx this pt. was seen
 in the clinic on
 02.14.08 and referred
 to infusion center

REFILL _____ TIMES Clayton Van Balen MD

 Please substitute generic if available.
 (Hand write "Brand Necessary" to prohibit generic substitute.) M.D.