

Patient: **Father PSS** age: 40 wt: never recorded cr: never recorded eGFR: never recorded

Prescribed on: ← Mon, Jun 23, 2014 →

Name: **fantanyl 50 mcg/hr** Transdermal ▾ Patch 72 hr ▾ 50 mcg/hr ▾Dose: patch(es) ▾ Frequency: ▾ PRNDuration: day(s) ▾ ANDLabel Instructions:

Start Date: ← Mon, Jun 23, 2014 → THEN

Quantity: patch(es) ▾Refills: Auto DiscontinueFirst fill quantity: patch(es) ▾ First fill duration: ▾Instructions for pharmacy: Must be filled within daysMax dispense amt: patch(es) ▾Min time b/w dispenses: day(s) ▾Indication: Sample No substitutions allowed Trial Compliance packaging

Less Details

More Details

Name: 

Less Details

More Details

Quantity/Duration: ▾Refills: Auto DiscontinuePrescribed by: Dr. Kellie Dawn ScottPharmacy:

Cancel

Post Only

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