

Controlled Substance Prescription Form

Patient Information

Patient Name

Date of Birth

Patient Address

Prescriber Information

Prescriber Name

DEA Number

Prescriber Address

Phone Number

Prescription Details

Drug Name

Strength

Quantity

Dosage Form

Directions for Use

Number of Refills

Days Supply

Prescriber Signature

Date

This form is for sample purposes only and must be completed in accordance with federal and state controlled substance prescription regulations.

