



PLTW Medicine
5939 Castle Creek Parkway Drive North
Indianapolis, IN 46250

Patient Name: Patient 1
Address: 1415 Anytown Road

R _____

Generic Substitution Allowed ☐ **Dispense as Written** ☐

Signature of Prescriber:

Refill 0 ☒ 1 ☐ 2 ☐ 3 ☐