

Rx

Patient Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Prescription: \_\_\_\_\_

Signature: \_\_\_\_\_

DEA# \_\_\_\_\_

Date: \_\_\_\_\_

Prescriber

Address: \_\_\_\_\_



# Plymouth Pharmaceuticals

Check One:



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NDC# 61480-137-05  
\$72.00 Each



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NDC# 61480-127-05  
\$65.00 Each



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Tablets**  
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NDC# 61480-  
255005  
\$68.00 Each



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NDC# 61480-124-05  
\$54.00 Each

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