

PERFECT TEETH

Douglas C. Hardy, DMD, MHS
Periodontist

Perfect Teeth
8749 Wadsworth Blvd.
Arvada, CO 80003

303-424-5463

Name Shawn Coleman

Medicaid ID# _____ Age _____

Address _____ Date 5/16/17

RX: Norco 5/325

#: 20 (twenty) tabs

Sig: $\dot{\bar{i}}$ po q6 PRN pain

DEA# FH19388168

DISPENSE AS WRITTEN

DDS

SUBSTITUTION PERMISSABLE

DDS

All prescriptions for Controlled Substances are required by state regulation to be reported to the Prescription Drug Monitoring Program database. This notification will denote the patient's name, date of the prescription, name of the controlled substance prescribed and quantity. Rev 1/17

PERFECT TEETH

Helena Becker, DMD
Endodontist

Wadsworth
8749 Wadsworth Blvd.
Arvada, CO 80003
(303) 424-5463
Fax (303) 424-4830

Name Shawn Coleman

Medicaid ID# _____ Age _____

Address _____ Date 5/3/17

RX: Norco 5/325

#: 20

Sig: 1 qid pm pain

DEA# FR 0294948

DISPENSE AS WRITTEN

DDS

SUBSTITUTION PERMISSABLE

DDS

All prescriptions for Controlled Substances are required by state regulation to be reported to the Prescription Drug Monitoring Program database. This notification will denote the patient's name, date of the prescription, name of the controlled substance prescribed and quantity. Rev 1/17