

## Controlled Substance Prescription

I \_\_\_\_\_ acknowledge that I received the following controlled  
substance prescriptions on: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Medication Name: \_\_\_\_\_

Prescription Dated: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Patient Print Name

\_\_\_\_\_  
Patient Signature