

**Example**  
**Respen-A™ Disc**  
**Prescription**

Prescriber's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**Respen-A™ Disc System (compounded homeopathic)**

**Disp:** 30 discs

**Sig:** Apply 1 disc to skin daily in AM, remove in PM

**Note:** 2,000 mg of elemental calcium must be taken once a day with breakfast when taking the Respen-A™ Disc.

REFILL \_\_\_\_\_ TIMES

\_\_\_\_\_  
Substitution Permitted

\_\_\_\_\_  
Dispense as Written