

CAYUGA MEDICAL CENTER @ ITHACA
ITHACA CONVENIENT CARE CENTER
10 ARROWWOOD DRIVE
ITHACA, NY 14850
(607) 274-4150

Patient: SAUNDERS, KEVIN Age ___ Sex ___

Address: _____

From: WILLIAMS, EMILY NP Lic#: 336038

Date: 04-28-2010 Time: 15:54

Rx COPY: Prochlorperazine 10 mg tab
Label: one by mouth every 6 to 8 hours as needed
for nausea
Disp: 10

RECORD COPY
-- VOID --
DO NOT FILL!
-- VOID --
RECORD COPY

Maximum daily dose

Signature _____ DEA _____

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN BOX BELOW.

REFILLS None
 Refills _____

Dispense as written

*not called in
to Walmart
at pt. request*