

FOR (Mechanically Imprint, Type or Print Full Name)				<b>POLY PRESCRIPTION</b>		
				NOTE: CONTROLLED SUBSTANCES MUST BE PRESCRIBED ON DD FORM 1289, DOD PRESCRIPTION, AND MUST BE FILED IN A SEPARATE FILE.		
				MEDICAL FACILITY		PRESCRIBER'S STAMP
				UCA CODE		
AGE (if under 12)		DATE: 15/Apr/1999				
DRUG NAME	STRENGTH	NUMBER	REFILLS	DIRECTIONS		PRESCRIPTION NUMBER
1 - - - - -				- - - - -		
						LOT/MFGR.   FILLED BY:
2 - - - - -				- - - - -		
						LOT/MFGR.   FILLED BY:
3 - - - - -				- - - - -		
						LOT/MFGR.   FILLED BY:
4 - - - - -				- - - - -		
						LOT/MFGR.   FILLED BY:
SIGNATURE OF PRESCRIBER		GRADE	DEGREE(MD,DDS,etc.)	SOCIAL SECURITY NUMBER	CHECKED BY:	

AVMED 6710/6 (Rev. 3-84) S/N 0105-LF-206-7130

DATE

6/11/84

CLASSIFICATION OF ENCLOSURES

Unclas

FOR DESCRIPTION

oly Prescription

NO. OF PAGES

1

TRIM SIZE

8 x 5

STOCK SPECIFICATIONS

GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR
.W. Writing	20	White						

PRINTING SPECIFICATIONS

SIDE	TWO SIDES	SAME	DIFFER	H TO H	H TO F	H TO L	H TO R	COLOR INK (If not black)	SUPERSEDES	NEW
<input checked="" type="checkbox"/>									NAVMED 6710/6 (5-73)	
FRONT MARGINS				HEAD	LEFT	RIGHT	FOOT	BACK MARGINS		
<input type="checkbox"/> 3/8 HEAD CNTR L & R		<input checked="" type="checkbox"/> OTHER		1/8	Center			<input type="checkbox"/> 3/8 HEAD CNTR L & R		<input type="checkbox"/> OTHER

FINISHING SPECIFICATIONS

FOLDING	STD. DRILLING		NON-STANDARD DRILLING				WIRE STITCHING				
NO. TO	2 TOP	3 LEFT	NO.	DIAMETER	C TO C	LOCATION	NO.	SIDE	SADDLE	TOP LEFT CORNER	OTHER
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERFORATING OR SCORING			PADDING				UNIT OF ISSUE	QUANTITY PER UNIT OF ISSUE	PACKAGING SPECIFICATIONS		
DISTANCE		FROM	SHEETS	SETS	LOCATION	OTHER					
<input type="checkbox"/> PERF	<input type="checkbox"/> SCORE		100		<input type="checkbox"/> TOP	Left	Pad	100	Optional		

ADDITIONAL INSTRUCTIONS/REMARKS