



Bureau of Corrections

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DOCTORS MEDICINE PRESCRIPTION

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Patient: _____ Date: _____
Prison No.: _____ Ward: _____ Age: _____

Rx

_____ MD
LIC. No. _____

Patient: _____ Date: _____
Prison No.: _____ Ward: _____ Age: _____

Rx

_____ MD
LIC. No. _____

Patient: _____ Date: _____
Prison No.: _____ Ward: _____ Age: _____

Rx

_____ MD
LIC. No. _____

Patient: _____ Date: _____
Prison No.: _____ Ward: _____ Age: _____

Rx

_____ MD
LIC. No. _____