

DD FORM 1289

1 NOV 71

## DOD PRESCRIPTION

FOR (Full name, address, &amp; phone number) (If under 12, give age)

John R. Doe, HMS, USN

U.S.S. Neverforgotten (DD 170)

MEDICAL FACILITY

U.S.S. Neverforgotten (DD 170)

DATE

23 Jan 79

B (Prescription)

gm. or ml.

(Description)

In Belladonna

15 ml

Amphogel good

120 ml

(Subscription)

7M + FI Solution

(Signa)

Sig: 5ml tid a.c.

MFG: Wyeth

EXP DATE: 6/82

LOT NO: P33X106

FILLED BY: R417

B. NUMBER

10072

John R. Frost  
LCDR MD, USN

SIGNATURE RANK AND DEGREE

EDITION OF 1 JAN 69 MAY BE USED FOR

S/N 6102-LF-012-6200

DD FORM 1289

1 NOV 71

## DOD PRESCRIPTION

FOR (Full name, address, &amp; phone number) (If under 12, give age)

John R. Doe, HMS, USAF

U.S. Never forgotten (DD 170)

MEDICAL FACILITY

U.S. Never forgotten (DD 170)

DATE

23 Jan 79

B (Superscription)

gm. or ml.

(Description)

In Belladonna

15 ml

Amphogel good

120 ml

(Subscription)

70 + 75 Solution

(Signa)

Sig: 5ml tid a.c.

MFG: Wyeth

EXP DATE: 6/82

LOT NO: P33X106

FILLED BY: R417

B. NUMBER

10072

John R. Frost  
LCDR MD, USAF

SIGNATURE RANK AND DEGREE

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