```
NXT   THIS PRES 0096325,7196A0005,P0002     * CONFIDENTIAL *  REPT UNIT 0900E
      NEXT PRES 0096325,7196A0005,P0002
DATE: 02-08-02   TIME: 07:29:17
                           PRESCRIPTION DATA SCREEN

PRESCR CARD NUMBER: 1234578  PATIENT LAST NAME: DOE
PRESCR FORM NUMBER: 1234578  PRESCRIPTION DATE: 02082002

NAME (GENERIC/TRADE): AMPHETAMINE/ADDERALL
DRUG CODE: AEA5       STRENGTH: 5 MG          QUANTITY:   30

DIRECTIONS: (A)  0.0   (B) TABLET     (C)
(D) 1 HS
                                          *
DOCTOR: MD02511 GETTWELL                  MEDI-CAL NUMBER:
                                          H. M. O. NAME:
PAPER PRESCRIPTION: N (Y/N)               PRESCRIPTION TYPE:   (P/S)

DATE FILLED:                PHARMACY NUMBER:
MEDI-CAL DENY DT:           REASON CODE:

LOST/DISCONTINUED:   (L/D)

MESSAGE: APPROVED                                        NEISHA   TEST I CASASO
```

NRX THIS PRES 0096325,7196A0005,P0002 * CONFIDENTIAL * REPT UNIT 0900E
NEXT PRES 0096325,7196A0005,P0002
DATE: 02-08-02 TIME: 07:29:17

PRESCRIPTION DATA SCREEN

PRESCR CARD NUMBER: 1234578 PATIENT LAST NAME: DOE
PRESCR FORM NUMBER: 1234578 PRESCRIPTION DATE: 02082002

NAME (GENERIC/TRADE): AMPHETAMINE/ADDERALL
DRUG CODE: AEA5 STRENGTH: 5 MG QUANTITY: 30

DIRECTIONS: (A) 0.0 (B) TABLET (C)
(D) 1 HS

DOCTOR: MD02511 GETTWELL

*
MEDI-CAL NUMBER:
H. M. O. NAME:
PRESCRIPTION TYPE: (P/S)

PAPER PRESCRIPTION: N (Y/N)

DATE FILLED:
MEDI-CAL DENY DT:

PHARMACY NUMBER:
REASON CODE:

LOST/DISCONTINUED: (L/D)

MESSAGE: APPROVED

NEISHA TEST I CASASO

```
ADD   THIS PRES 0096325,7196A0005,P0003     * CONFIDENTIAL *  REPT UNIT 0900E
      NEXT PRES 0096325,7196A0005,P0003
DATE: 02-08-02   TIME: 07:29:40
                          PRESCRIPTION DATA SCREEN

PRESCR CARD NUMBER: 1234578  PATIENT LAST NAME: DOE
PRESCR FORM NUMBER:          PRESCRIPTION DATE: 02082002

NAME (GENERIC/TRADE):
DRUG CODE:            STRENGTH:                QUANTITY:

DIRECTIONS: (A)         (B)             (C)
(D)
                                          *
DOCTOR: MD02511                           MEDI-CAL NUMBER:
                                          H. M. O. NAME:
PAPER PRESCRIPTION: N (Y/N)               PRESCRIPTION TYPE:   (P/S)

DATE FILLED:                PHARMACY NUMBER:
MEDI-CAL DENY DT:           REASON CODE:

LOST/DISCONTINUED:   (L/D)

MESSAGE: PATS5531-ENTER SCREEN DATA                      NEISHA   TEST I CASASO
```