

**TREASURY DEPARTMENT
FEDERAL REVENUE**

**PRESCRIPTION BLANK
NATIONAL PROHIBITION ACT**

BOOK NO. _____ BLANK NO. _____ PERMIT NO. _____

Rx _____ 19____
(DATE)

FOR _____
(GIVE FULL NAME OF PATIENT)

(STREET AND NO.)

(CITY) (STATE)

FOR USE OF DRUGGIST OR PHARMACIST ONLY

PERMIT NO. _____

CANCELLED _____
(DATE DELIVERED)

(SIGN FULL NAME AS ON PERMIT)

(STREET AND NO.)

(CITY) (STATE)

THIS PRESCRIPTION MUST
NOT BE REFILLED

FORM NO. LFP 1403 REVISED FEB.

(SIGN FULL NAME) M. D.

(STREET AND NO.)

(CITY) (STATE)

SEE REGULATIONS FOR
PENALTIES IMPOSED

ORIGINAL

TEAR OFF THIS STUB

ALCOHOL PRESCRIPTION BLANK

Print on plain white paper.

Perforate, if possible, at dashed gray line.

Trim on solid black lines (at dashed line if perforation is not possible).

Fill out all details by hand.

Tear off stub, if perforated.

Tools: perforating wheel, craft knife, straight edge



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Questions? Please ask them! leman@cthulhulives.org