



## Pasteurized Donor Human Milk - Prescription Template

Fax All Prescriptions: 984-999-0502

<b>Date:</b>	
<b>Patient Name:</b>	
<b>Patient Date of Birth:</b>	
<b>Patient Address:</b>	
<b>Patient Phone #:</b>	
<b>Patient Allergies:</b>	
<b>Rx:</b>	Pasteurized Donor Human Milk 100mL bottle
<b>Quantity:</b>	(number of 100mL bottles)
<b>Sig:</b>	Pasteurized Donor Human Milk PO prn feeding
<b>Refills:</b>	
<b>Prescriber ID Number:</b>	
<b>Prescriber Name:</b>	
<b>Prescriber Signature:</b>	

### 501 Pharmacy

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Monday – Friday 8:30 AM – 6:30 PM

Saturday 9:00 AM – 1:00 PM