



**Franciscan**  
PHYSICIAN NETWORK

This paper contains *KantKopy* security features

Name Sefira Smith Jettie Date 8-4-15  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Allergy \_\_\_\_\_

**Rx** \*\*FILL GENERALLY UNLESS OTHERWISE INDICATED\*\*

*The patient is under my care and is being worked up for a medical condition and is unable to work for 2 weeks. She will be having medications, blood work and seeing a specialist.*

- May Not Substitute
- May Substitute

*G. Jimenez*

D.O.  
M.D.

Refill	NR	1	2	3	4	5	6Mo	1Year	CASH	INS	HMO	CHG	SCD	EMP
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INDICATION \_\_\_\_\_

PATIENT CONSULTATION

YES NO