



UNC Health Care  
101 Manning Drive  
Chapel Hill, NC 27514  
(919) 966-4131

Patient Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MRN :

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Printed By: General Internal Medicine Enhanced Care

**Rx:**

<b>Drug Name /Strength:</b> COMMIT 4MG	<b>Dosage:</b> 1 LOZENGE	<b>Route:</b> PO	<b>Frequency</b> UTDICT
	<b>Quantity</b> QS		<b>Refills</b> 0

Signature: \_\_\_\_\_

Printed Name : \_\_\_\_\_  
UNC General Internal Medicine Clinic  
Phone : (919) 966-6989 Fax : (919) 843-9355

To ensure brand name dispensing, prescriber must write "Medically Necessary" beside prescription