



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:

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

Signature: _____

Printed Name : _____

UNC General Internal Medicine Clinic

Phone : (919) 966-6989 Fax : (919) 843-9355