



Prescription #2

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: NICODERM CQ 14 MG/24HR PATCH	Dosage: 1 PATCH	Route: TRANSDERM.	Frequency ONCE DAILY
	Quantity 28 PATCHES		Refills 0

Pharmacist Instructions :

Please contact GIM Enhanced Care Clinic at (919) 843-0391 if questions regarding nicotine replacement therapy.

Please fill with NDC # 00766-1430-20 (GSK box of 14)

Signature: _____

Printed Name : _____

UNC General Internal Medicine Clinic

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