

**HEAVENLY HALLS MEDICAL CARE, INC.**

\_\_\_\_\_, M.D. \_\_\_\_\_, M.D.  
\_\_\_\_\_, M.D.

*24680 Celestial Boulevard, Suite 100  
Heavenly- Courts-on-High, Paradise 67890*

Patient: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_(scripture reference)\_\_\_\_\_

Rx ILLEGAL IF NOT PRINTED ON PURE WHITE

**WHAT YEAR(S) IS COVERED?:**

**Rx: DIAGNOSIS:**

**RECOMMENDATIONS:**

(Explain to the patient in easy-to-understand terms)

Refills 0 1 2 3 4 5 PRN \_\_\_\_\_, M.D.  
\_\_\_\_\_, M.D.  
\_\_\_\_\_, M.D.

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