

May 14, 2012



I need to take a medical leave for three month beginning May 7, 2012.

Sincerely,

Ruby L. Webster

ST. ELIZABETH HEALTHCARE, EDGEWOOD
1 Medical Village Drive Edgewood, Kentucky 41017

Physician's Name W G DANNEMAN

LIC # 21239 DEA # _____

THIS DOCUMENT CONTAINS VOID PANTOGRAPH, QUANTITY CHECK OFF BOXES, REFILL INDICATOR AND SECURITY FEATURES DESCRIPTION

NAME RUBY WEBSTER

ADDRESS _____ DATE 5-9-12

PT is not to return to work for at least 3 months due to recurrence of cancer

Refill NR 1 2 3 4 5

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over

#567 Rev. 4/09 Prescription is void if more than one (1) prescription is written per blank