



PAIN ASSOCIATES

Name: _____ DOB: _____ Date: _____

PRESCRIPTION

Tramadol 50mg

Sig: 1 to 2 tabs PO BID or TID prn pain

Dispense #30 default quantity, or other dosage if initialed: #60 _____, #90 _____, #120 _____.

SIGNED: _____ DEA: _____

PROVIDER: _____ PA-C

Pain & Wellness of Scottsdale

7337 E Thomas Rd, Scottsdale, AZ 85251, 480.360.4444

Kendrick Johnson DO
DEA: FJ5576523

Pain Associates of Gilbert

610 N Gilbert Rd, Suite 309, Gilbert AZ 85234-4627, 480.926.1111

Gary Randall DO
DEA: AR9229382

William Cluff DO
DEA: AC1608148

