**Section 2085.EXHIBIT D Special Instructions Covering Research Medication Labels for Delta-9-Tetrahydrocannabinol Containers**

SPECIAL INSTRUCTIONS COVERING RESEARCH MEDICATION

LABELS FOR DELTA-9-TETRAHYDROCANNABINOL CONTAINERS

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| HOSPITAL PHARMACY  1234 MAIN STREET  ANYWHERE, ILLINOIS | | | |
|  | | | |
| DEA NO. XX 0000000 | | | PHONE NO. ( ) 000-0000 |
|  | | | |
|  | | | |
| RO NO: | 123-456 | | PHYSICIAN: |
|  | | | |
| JOHN DOE | | | DATE: 10-10-80 |
|  | | | |
| ONE CAPSULE EVERY SIX HOURS AS NEEDED. | | | |
|  | | | |
| DELTA-9-THC | | 5MG (#25) | |
|  | | | |
| VALID FROM 10-10-80 to 10-20-80 | | | (RPH INITIALS) |

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| CAUTION: FEDERAL LAW PROHIBITS THE  TRANSFER OF THIS DRUG TO ANY PERSON  OTHER THAN THE PATIENT FOR WHOM IT  WAS PRESCRIBED. |

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| THIS PRESCRIPTION CANNOT BE REFILLED  RETURN UNUSED PORTION TO DISPENSING  PHARMACY FOR PROPER DISPOSAL. |

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| KEEP OUT OF REACH OF CHILDREN. IN CASE  OF ACCIDENTAL OVERDOSE, CONTACT A  PHYSICIAN IMMEDIATELY. |