

Fruit and Vegetable Prescription Program

Issuing Clinic/Health Center: _____

Patient's FVRx ID# _____

Issue Date: _____ Exp. Date (1 month after issue): _____

Circle the amount per week based on patient's family size:

\$7/family of 1 \$14/family of 2 \$21/family of 3

\$28/family of 4 \$35/family of 5 \$42/family of 6

\$49/family of 7 \$56/family of 8 \$63/family of 9

10 or more family members: # of people _____ amount/week: _____

Prescriber Name (please print): _____

Prescriber Signature: _____

Farmers Market:

	Week 1	Week 2	Week 3	Week 4
Date Redeemed				
Market Manager Initials				

RXS13041021251624



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SECURITY FEATURES ON BACK