Rx30

General Field Name	Rx30 Field Name
Date Dispensed	FILLDATE
Patient Date of Birth	PATDOB
Directions	DIRECTION 1
Directions	DIRECTION 2
Directions	DIRECTION 3
Directions	DIRECTION 4
Directions	DIRECTION 5
Gender	GENDER
Patient Address/Household	PATADD1
Patient Address/Household	PATADD2
Insurance Status	PAYTYPE
Medication Days Supply	DS
Medication Indication ICD10	RXDIAG 1
Medication Name	DRUG NAME
Medication Origin	RXORIGIN
NDC	NDC
Patient ID	PATKEY
Prescription Number	RXNBR
Quantity Dispensed	QTY DSP
Patient Zip Code	PATZIP

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