

State of New Jersey
PRESCRIPTION BLANK

JERSEY INTEGRATIVE HEALTH & WELLNESS
KRISTEN E. CAMPOS, APN
901 ROUTE 23 SOUTH
POMPTON PLAINS, NJ 07444
TEL: 862-666-9285 • FAX: 862-666-9287
NPI# 1558779025

CERTIFICATION # 26NJ00513100 DEA # MC 3317054

COLLABORATING PHYSICIAN

NAME JOSE S. CAMPOS, M.D. LICENSE # 25MA09196100
(Enter Address and Phone Number only if different from above)

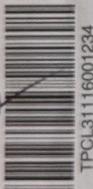
ADDRESS

PHONE #

PATIENT Aaron Traas D.O.B. 1/5/77
ADDRESS DATE 8/26/19

Rx Bilateral renal ultrasound including renal Dopplers

Dx: I10 RAS



SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE OF PRESCRIBER

REFILL TIMES

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

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Rx MRI of brain and pituitary and s鞍abinum

Dx: E29.1, r/o pituitary adenoma



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Rx Abdominal ultrasound

Dx: RAY.5 evaluate for NAFU



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Jersey Integrative
HEALTH & WELLNESS

35 Journal Square Plaza, Ste. 215
Jersey City, NJ 07306
Phone: (201) 942-4555 Fax: (201) 536-7830

901 Rt. 23, 2nd Floor
Pompton Plains, NJ 07444
Phone: (862) 666-9285 Fax: (862) 666-9287

1740 East 2nd Street
Scotch Plains, NJ
Phone: (908) 312-9340 Fax: (908) 322-1120

Radiology Request

Patient Name: Traas, Aaron Date: 8/30/19
Date of Birth: 1/15/77
Diagnosis: CS Radiculopathy

X-Rays:

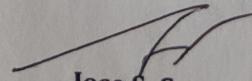
- R / L Knee: Standing AP/Lateral/Sunrise
- R / L Hips: AP/Pelvis/Elongated femoral neck
- R / L Shoulder: AP/IR/ER/Outlet/Axillary/Y View
- Lumbar Spine: Standing AP/Lateral Flexion/Extension
- Cervical Spine: AP/Lateral/Flexion/Extension/Obliques/Odontoid
- Other: _____

MRI:

- Cervical Spine: without contrast with contrast
- Lumbar Spine: without contrast with contrast
- Thoracic Spine
- R / L Knee
- R / L Hip
- R / L Shoulder
- Other: _____

Please give a copy of disc with imaging to the patient for my review, and fax a copy of report to (862) 666-9287:

Thank you,



Jose S. Campos, MD