

## OFFICIAL NEW YORK STATE PRESCRIPTION



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VIDYA PALTA MD

LIC: 212419

NPI: 1407825300

NEW YORK FERTILITY 108-48 70TH ROAD SUITE 2F FOREST HILLS, NY 11375 (718) 793-7752

PRACTITIONER DEA NUMBER

Patient Name

KRISTINA VANDERWALL Date 02/06/2021

Address

City

State

Zip

Age

Sex

M F

Rx

DEAR EMPLOYER,

PLEASE ALLOW Ms. KRISTINA VANDERWALL DOB 08/02/1980

LEP Preferred Language

Preventive Services

TO HAVE 1 WEEK COMPLETE BED REST.

Prescriber Signature

SUBCHORIONIC BLEED

MAXIMUM DAILY DOSE (controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN THE BOX BELOW

REFILLS

None

Refills:

PHARMACIST TEST AREA:

Dispense As Written

0TP7D3 35

