

OFFICIAL NEW YORK STATE PRESCRIPTION
RAYI RAMASWAMY MD
LIC: 209319
NPI: 1922118215

MIDDLETOWN MEDICAL PC 75 MALTESE DRIVE MIDDLETOWN, NY 10940 (845) 342-4774

PHARMACIST'S REG. NUMBER

Patient Name Hesdegman, Yeghine Date 3/12/18

Address _____
City _____ State _____ Zip _____ Age _____ Sex ☐ M ☐ F

Rx Vanista 100mg IV once a
week for 8 weeks
Do I on day 1st infusion

LEP ☐ Preferred Language _____

Prevent Medication Errors: Please add words or prescription _____

Prescriber Signature [Signature]

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES DAY IN THE BOX BELOW

REFILLS ☐ None ☐ Refill: _____

PHARMACIST TEST AREA

Dispense As Written ☐

019F04 85

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