

Patient Name: WEATHERLY, LORETTA, DOB: 10/02/1940, Address No: 14258

HMG Florida

21 EDWARD J LEMPKA DR FLORIDA, NY, 109211036

Tel: 845-651-1777 Fax: 845-651-3289

Prepared By: SPADAFORA, CHRISTINE

Trans id: 202001061931268698698807

John J Dermigny, DO
Family Medicine

WEATHERLY, LORETTA J

Date: 01/06/2020

10 HARRIMAN WOODS DRIVE, HARRIMAN, NY-10926

DOB: 10/02/1940, Gender: Female, Phone: 845-783-2075

Pharmacy: CVS/pharmacy #2908, 488 ROUTE 17M, MONROE Tel: 845-783-7807, Fax: 845-783-0816

Rx

Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous Dx M81.0 Osteoporosis
Disp: ***60 mg** (SIXTY)

Sig: as directed q 12 1 days

Diagnosis: (M81.0) Osteoporosis

Refills: ***1** (ONE)

Auth No:

DEA#: BD1023655

NPI#: 1316987688

LIC#: 173852

To insure brand name dispensing, prescriber must
write "Dispense as Written" or "DAW" on the
prescription.

John J Dermigny, DO

Electronically Generated Signature

☐ FAXED ☐ EMAILED

BY _____ DATE _____