

OFFICIAL NEW YORK STATE PRESCRIPTION

RAVI RAMASWAMY MD
LIC: 209319
NPI: 1922118215

MIDDLETOWN MEDICAL PC 76 MALTESE DRIVE MIDDLETOWN, NY 10940 (845) 342-4774

PRACTITIONER DEA NUMBER:

Patient Name: Hosdaghian, Yeghiche Date: 12/8/17
Address: _____
City: _____ State: _____ Zip: _____ Age: _____ Sex: ☒ M ☐ F

Rx Veno for 1.00mg I.V. weekly
for 6 doses
Dr. Iron disp. as written

☐ LEP Preferred Language: _____

Prevent medication errors. Please see back of prescription.

Prescriber Signature: [Signature] MAXIMUM DAILY DOSE (complete maximum and qid)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "day" IN THE BOX BELOW

REFILLS: ☐ None ☐ Refills:

PHARMACIST TEST AREA:

Dispense As Written

0T9F06 41

