

SW CNYR Pad M/071467 P Pad 15 of 20 03/2017 N

OFFICIAL NEW YORK STATE PRESCRIPTION

RAVI RAMASWAMY MD
LIC: 209319
NPI: 1922118215

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

PRACTITIONER DEA NUMBER:

Patient Name Hindagana, Jyoti Date 3/9/18

Address

City State Zip Age Sex ☒ M ☐ F

R CBC, CMP, Iron, TIBC, Ferritin
B₁₂, Folate, vitamin D 25 Hydroxy
N83, D140

Preferred Language N83, D140

Prevent medication errors. Please see back of prescription.

Prescriber Signature [Signature]

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

REFILLS ☒ None ☐ Refills:

PHARMACIST TEST AREA:

Dispense As Written

MAXIMUM DAILY DOSE
(controlled substances only)

0T9F0Y 81

