

Afrassiabian, Kian-Taj, DO
PAV AMB BEHAV HEALTH
75 CRYSTAL RUN ROAD
MIDDLETOWN NY 10940
845-333-7800

Do not alter or falsify this prescription. DEA # 35A057146-01B1 NPI# 1902937360
Supervising Lic#

Patient: Anthony J. Cuomo
Address: 40H Main Street
FLORIDA, NY 10924

Date: 1/9/2020
Age: 51 years old
Sex: M

VOID

paliperidone palmitate ER (INVEGA SUSTENNA) 117
MG/0.75ML Extended-Release IM Injection
Sig: Inject 0.75 mLs into the muscle every 30 (thirty) days.
Patient's next injection is scheduled for 1/31/20.
Disp: 1 (One) Syringe
Refill: 4 (Four)
Notes to Pharmacy:

Prescriber's
Signature:

MAXIMUM DAILY DOSE
(controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS
PREFERRED LANGUAGE PRESCRIBER WRITES "I & V" OR "I & B" OR "I & W"

LEP Preferred Language

Pharmacist
Test Area

VOID

06WPDF 37



OFFICIAL NEW YORK STATE PRESCRIPTION

OFFICIAL NEW YORK STATE PRESCRIPTION

VOID

VOID

VOID

VOID

Preferred Language

06WPDF 38

LEP Preferred Language

Pharmacist
Test Area

06WPDF 39

