

OFFICIAL NEW YORK STATE PRESCRIPTION

SAMANTHA RUE DNP
LIC: 34255
NPI: 1506368357
DEA: NR4757540

92 OLD ROUTE 9W SUITE 200 NEW WINDSOR, NY 12553 (845) 549-1010
1200 ROUTE 208 SUITE 15 MONROE, NY 10950 (845) 549-1010

PRACTITIONER ZIP NUMBER

Patient Name Kenneklian, Sarah Date 8/28/19

Address _____

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

Rx Probia 60mg/ml Subg m8l.
Injert 60mg once every
6 months

☐ LEP Preferred Language

Prevent medication errors. Please see back of prescription.

Prescriber Signature X

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "NO" IN THE BOX BELOW

REFILLS ☒ None ☐ Refills

PHARMACIST TEST AREA:

Dispense As Written

0THRTN 18

11/18/98