

OFFICIAL NEW YORK STATE PRESCRIPTION

DANIEL SROMNER MD  
LIC: 129856  
NPI: 1548370810

Jan 24 @ 20x

310 CRYSTAL RUN ROAD, MIDDLETOWN, NY 10941 (845) 692-0560

PRACTITIONER'S NAME

Patient Name Elizabeth Romano Date \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Sex ☒ M ☐ F

City \_\_\_\_\_  
Rx Blood for:  
CBC & diff + plat  
CMP  
fasting lipid panel  
vitamin D 25  
B12 - RBC  
TSH, T free T4  
magnesium  
Hb A1c

DX  
Fatigue  
weight loss  
dizziness  
anxiety  
depression

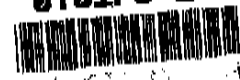
LEP Preferred Language \_\_\_\_\_  
Prevent medication errors. Please see back of prescription.

Prescriber Signature X

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

FILLER ☐ None ☐ Partial

0781F0 27



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PRACTITIONER REG NUMBER

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B12 - Pate  
TSH, T Free T4  
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Hb A1c

DX  
Fatigue  
weight loss  
dizziness  
anxiety  
depression

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Prescriber Signature X

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REFILLS

☐ None  
☐ Refill

0T81F0 27

