



Dec. 16. 2019 3:13PM  
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No. 6579 P. 1/1  
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T-879 P0002/U0002 F-541

**OFFICIAL NEW YORK STATE PRESCRIPTION**

RAYE RAMASWAMY MD  
36019100  
NP 122718215

MIDDLETOWN MEDICAL PC 78 MAPLE STREET MIDDLETOWN, NY 10940 (607) 642-2474

PRESCRIPTION FOR: Amoxicillin

Patient Name: ABDUL KADIR Date: 12-16-19

Address: Vanoy Street NY

City: B State: NY Zip: 10940 Age: 41 Sex: M

Prescriber Signature

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES DATA IN THE BOX BELOW

REFILL: 3

PHARMACY: WALKER'S

Dispenser Address: 0T9F0J 61