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Jan 24 @ 2020

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

PRACTITIONER ID NUMBER

Patient Name Elizabeth Romano Date _____

Address _____

City _____ State _____ Zip _____ Age _____ Sex M

Ex Blood for: vitamin D 25
CEC & diff + plat B12 - Plate
CMP TSH + free T4
fasting lipid panel metformin
ABG

DX
fatigue
weight loss
anxiety
depression
hypertension
hyperlipidemia
coronary artery disease

☐ Preferred Language

Prevent medication errors. Please scan back of prescription.

Prescriber Signature X

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

REFILLS ☐ None ☐ Refills

0T81F0 27

