

State of New Jersey
PRESCRIPTION BLANK

ADVANCED OPHTHALMOLOGY CENTER, P.A.

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LICENSE # _____ DEA # _____

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT GALSIM, MICHAEL D.O.B. 09/23/2004

ADDRESS _____ DATE 09/13/2024



Spectacles

EXPIRES: 2 years

	Sph	Cyl	Ax	ADD	V Prism	H Prism
OD	-3.00	-1.25	180			
OS	-2.75	-1.50	180			

Prism Type: /
PD Dist: 61 PD Near:



WLOF81223000073

Control #43228-638618221497998849

Electronically Generated Signature

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____

DO NOT REFILL _____

SIGNATURE OF PRESCRIBER

REFILL _____ TIMES

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW