State of New Jersey

PRESCRIPTION BLANK

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CERTIFICATION # 26NJ00579700

DEA #

COLLABORATING PHYSICIAN

NAME Yvonne Farnacio, M.D. MPH

Enter Address and Phone Number only if different from above)

ADDRESS

85 DOB. 51, DATE Y PHONE# Sight biceps PATIENT

SUBSTITUTION PERMISSIBLE

A Section

TIMES REFILL

DO NOT REFILL

Use a separate form for each controlled substance prescription

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