

State of New Jersey
PRESCRIPTION BLANK

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CERTIFICATION # 26NJ00579700 DEA #

COLLABORATING PHYSICIAN

NAME Yvonne Farnacio, M.D. MPH LICENSE # 25MA09532900
(Enter Address and Phone Number only if different from above)

ADDRESS

PHONE #

PATIENT James Garrison D.O.B. 12/2/86
ADDRESS DATE 2/9/24

☐ MRI of (L) shoulder
without contrast
Dx: (L) shoulder sprain/
strain



SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE
DO NOT REFILL
REFILL TIMES SIGNATURE OF PRESCRIBER

Use a separate form for each controlled substance prescription
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