

State of New Jersey
PRESCRIPTION BLANK

ASSOCIATES IN PLASTIC & AESTHETIC SURGERY

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LICENSE # 25MA04979000

DEA # BZ0923400

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

PATIENT

C. M. H. / g

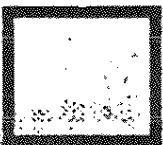
D.O.B.

ADDRESS

561.022D

DATE

2/1/24



X B (L) Thumb

AP, L-L + 0 bl. - i

✓ Check for Fug-
B. h. e. ,

6. - e P-Lt Hand cup,
for 0 B. h. e. ,



RXRZ40423000214

SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

REFILL TIMES

SIGNATURE OF PRESCRIBER

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