

State of New Jersey
PRESCRIPTION BLANK

MD CARE URGENT CARE CENTER
637 WESTFIELD AVENUE
ELIZABETH, NJ 07208
TEL: 908-691-3800 • FAX: 908-352-0505

PRINT: Clara Inzary PAC/K Tasham MD
NAME AND TITLE OF PRESCRIBER AND, IF APPLICABLE, COLLABORATIVE PHYSICIAN
LICENSE # _____ NPI # 1518476324
CHECK IF: ☐ APN ☐ CNM ☒ PA
LICENSE / CERTIFICATE / Rx AUTHORIZATION # _____
D E A #
PRESCRIBER: _____
COLLABORATIVE PHYS: _____

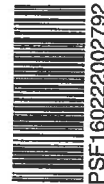
PATIENT Celeste Sitariski D.O.B. 9/16/63
ADDRESS _____ DATE 1/30/2023



IF ISSUED BY AN OPTOMETRIST, NOT VALID FOR SCHEDULE II CONTROLLED
DANGEROUS SUBSTANCES, EXCEPT FOR HYDROCODONE-CONTAINING PRODUCTS

Physical therapy
3 times a week
for 3 week

Dx: M54.2



SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____
DO NOT REFILL 0 SIGNATURE OF PRESCRIBER Clara
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