

State of New Jersey
PRESCRIPTION BLANK

HOLY NAME PHYSICIANS
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LICENSE # 25MA10855500 DEA # FF9258802

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

PATIENT Roberto Molina D.O.B. _____

ADDRESS _____ DATE 5/16/23



Post-operative
ice machine

dr. S83. 2411A



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