

State of New Jersey  
**PRESCRIPTION BLANK**

ANTHONY J. TARASENKO, M.D.  
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(908)-757-1424

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LICENSE # 25MA05013400 DEA # BT 1364568  
IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT *Margoth Regalado* D.O.B. *5/10/23*  
DATE

ADDRESS



*(L+) Hand Span  
PT 3-4 week*



SUBSTITUTION PERMISSIBLE \_\_\_\_\_ DO NOT SUBSTITUTE \_\_\_\_\_  
DO NOT REFILL \_\_\_\_\_ SIGNATURE OF PRESCRIBER *AT h m*  
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