

State of New Jersey

PRESCRIPTION BLANK

Hackensack Meridian Health
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CERTIFICATION # 26NJ01402100 DEA #

COLLABORATING PHYSICIAN

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

ADDRESS

PHONE #

PATIENT Jose Ruiz D.O.B. 5/6/1955
ADDRESS DATE 4/26/2014

☐ Physiotherapy Regeneration
Evaluate and treat
per therapist modalities
8x week x 3 weeks. 6 sessions
Total (6). Dx Cervical
sprain



SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE

SIGNATURE OF PRESCRIBER

DO NOT REFILL

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