

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 Julius Madden D.O.B. 1/8/1996

ADDRESS DATE 1/23/2024

☐ MRI of Right hand
without Contrast. ATN
Thumb thenar

Dx: thumb hyper extension,
sprain



SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE OF PRESCRIBER

REFILL TIMES

Use a separate form for each controlled substance prescription

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