

State of New Jersey **PRESCRIPTION BLANK**

Hackensack Meridian Health
Dorota Sohail, APN.
Team Health
742 US-1N
Iselin, NJ 08830
Tel: (732) 362-3871 • Fax: (732) 362-3873
NPI #1720456775

CERTIFICATION # 26NJ00579700

DEA #

COLLABORATING PHYSICIAN

NAME Yvonne Farnacio, M.D. MPH

LICENSE # 25MA09532900

(Enter Address and Phone Number only if different from above)

ADDRESS

PHONE #

PATIENT

Ivette Rios

D.O.B.

8/25/72

ADDRESS

DATE

12/3/24



Occupational therapy
evaluate and treat
2x week x 4 weeks
(R) wrist sprain
(R) hand pain



SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

REFILL TIMES

SIGNATURE OF PRESCRIBER

[Signature]

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

State of New Jersey **PRESCRIPTION BLANK**

Hackensack Meridian Health
Dorota Sohail, APN.
Team Health
742 US-1N
Iselin, NJ 08830
Tel: (732) 362-3871 • Fax: (732) 362-3873
NPI #1720456775

CERTIFICATION # 26NJ00579700

DEA #

COLLABORATING PHYSICIAN

NAME Yvonne Farnacio, M.D. MPH

LICENSE # 25MA09532900

(Enter Address and Phone Number only if different from above)

ADDRESS

PHONE #

PATIENT

Ivette Rios

D.O.B.

8/25/72

ADDRESS

DATE

12/3/24



Physical therapy
evaluate & treat
2x week x 4 weeks for
Neck strain
Upper back strain
Lower back strain



SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

REFILL TIMES

SIGNATURE OF PRESCRIBER

[Signature]

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