

State of New Jersey  
**PRESCRIPTION BLANK**

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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

MARION MCINDOX

D.O.B.

ADDRESS



L/S sprun

DT 3x2 Week

9/27/22



SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

SIGNATURE OF PRESCRIBER

DO NOT REFILL

REFILL \_\_\_\_\_ TIMES

Use a separate form for each controlled substance prescription