

## PRESCRIPTION BLANK

NJMS - DEPARTMENT OF SURGERY  
RUTGERS THE STATE UNIVERSITY OF NJ  
90 Bergen Street, Suite 7100 • Newark, NJ 07103  
Phone: (973) 972-2400 • FAX: (973) 972-2988  
Facility Provider #10HF00010300

PRINT: Alfassa, Sabrina, PA-C/Ignatiuk, Ashley, MD  
NAME AND TITLE OF PRESCRIBER AND, IF APPLICABLE, COLLABORATIVE PHYSICIAN

LICENSE # \_\_\_\_\_ NPI # 1730648213

CHECK IF: ☐ APN ☐ CNM ☒ PA

LICENSE / CERTIFICATE / Rx AUTHORIZATION # \_\_\_\_\_

DEA # \_\_\_\_\_ PRESCRIBER: MA5227485

COLLABORATIVE PHYS: \_\_\_\_\_

PATIENT Paul Noel D.O.B. 09/06/1982

ADDRESS 1255 MAGGIE AVE APT 325, UNION NJ 07083 DATE Jun 26, 2024



IF ISSUED BY AN OPTOMETRIST, NOT VALID FOR SCHEDULE II CONTROLLED  
DANGEROUS SUBSTANCES, EXCEPT FOR HYDROCODONE-CONTAINING PRODUCTS

Ambulatory referral to Occupational Therapy  
AROM/PROM, desensitization, proprioception, nerve  
gliding, modalities  
3x/week for 6 weeks  
Number of Visits: 3  
PT/OT/ST  
Diagnosis:  
Dog bite (W54.0XXA)



SUBSTITUTION PERMISSIBLE \_\_\_\_\_ DO NOT SUBSTITUTE \_\_\_\_\_

DO NOT REFILL \_\_\_\_\_ SIGNATURE OF PRESCRIBER \_\_\_\_\_

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



This form contains security features: a hidden word "VOID" appears when photocopied; microprint; thermochromic ink—reacts to body heat: fades or disappears; and a 15-digit barcode.