

State of New Jersey
PRESCRIPTION BLANK

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NPI # 1538138656

FAXED
3/1/23

LICENSE # 25MA03944600 DEA # AG 1278642
IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Alexandro Alves D.O.B. 9/28/84

ADDRESS _____ DATE 3/1/23



MRI - LS

R/O LHP

Dx: MSI.27

"CD"

Please give films to
patient before they leave.
FAX report ASAP to
908-687-7507



SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____
DO NOT REFILL _____ SIGNATURE OF PRESCRIBER
REFILL _____ TIMES [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

Cell: 973 803 1295