

PRESCRIPTION BLANK

NJMS -DEPARTMENT OF SURGERY
RUTGERS THE STATE UNIVERSITY OF NJ
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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 # _____
D E A # PRESCRIBER: MA5227485
COLLABORATIVE PHYS: _____

PATIENT Matthew Majkotoski D.O.B. 04/02/1983
ADDRESS 1 CIVIC SQUARE, IRVINGTON NJ 07111 DATE Feb 22, 2023



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

Ambulatory referral to Physical Medicine Rehab
Rule out R cubital tunnel
Number of Visits: 3
Consult and Treat
Diagnosis:
Other sprain of right index finger, initial encounter
(S63.690A)
Cubital tunnel syndrome (G56.20)



DBYON0422003612

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