

State of New Jersey  
**PRESCRIPTION BLANK**

**GREGORY S. GALLICK, M.D.**  
ORTHOPAEDIC SURGERY & SPORTS MEDICINE  
2780 MORRIS AVENUE, SUITE 2-C  
UNION, NJ 07093-4852

(908) 686-6665

NPI # 1538138656

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 DEXTCE NABET D.O.B. 04-19-1961

ADDRESS \_\_\_\_\_ DATE 01-30-23



MR ARTHROGRAM LEFT SHOULDER  
to 2/0 ROTATOR CUFF TEAR  
SLAP TEAR

DISK

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



543.422A  
543.432A

SUBSTITUTION PERMISSIBLE \_\_\_\_\_

DO NOT SUBSTITUTE

DO NOT REFILL \_\_\_\_\_

SIGNATURE OF PRESCRIBER

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

*[Handwritten signature]*

Use a separate form for each controlled substance prescription

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