

State of New Jersey
PRESCRIPTION BLANK

ORTHOPAEDICS UNLIMITED LLC
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LICENSE# 25MP00025400 DEAN# MCR1561794
MICHAEL RIEBER, MD • SUPERVISING PHYSICIAN

LICENSE# 25MA006779500 DEAN# BR5408035
☐ PREPARED WITHIN THE STATE

LICENSE# _____ TEL# _____

☒ IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Edward Glasse DOB _____

ADDRESS _____ DATE 12/2/20



in home PT

3x/week x 2 weeks

Shower chair

Protrudes s/p TKP



HPDWR0422000821

SUBSTITUTION PERMISSIONS

DO NOT RETAIL _____ SIGNATURE OF PRESCRIBER _____ DO NOT SUBSTITUTE _____

RETAIL _____

Use a separate form for each controlled substance prescription.
REF: Substituted prescriptions must be in New Jersey. Substituted prescriptions must be written by a licensed physician in New Jersey.