

## PRESCRIPTION BLANK

MD CARE URGENT CARE CENTER  
637 WESTFIELD AVENUE  
ELIZABETH, NJ 07208  
TEL: 908-691-3800 • FAX: 908-352-0605

PRINT: Christina Moore PA-C / K. Tashkarian  
NAME AND TITLE OF PRESCRIBER AND, IF APPLICABLE, COLLABORATIVE PHYSICIAN

LICENSE # \_\_\_\_\_ NPI # 1235802893

CHECK IF: ☐ APN ☐ CNM ☒ PA

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

D: PRESCRIBER:  
E:  
A:  
# COLLABORATIVE PHYS:

PATIENT Anderson, Garrett D.O.B. 8/17/83

ADDRESS \_\_\_\_\_ DATE 2/2/22

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

PT Referral  
3x/wk x 4 weeks

Please evaluate + treat  
④ thoracic/lumbar muscle  
strain

Dx: M62.830, S29.012A

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

DO NOT REFILL 8 SIGNATURE OF PRESCRIBER

REFILL \_\_\_\_\_ TIMES Christina Moore PA-C

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