

State of New Jersey  
**PRESCRIPTION BLANK**

IRONBOUND MEDICAL SERVICES, LLC  
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LICENSE # 25MA05378200

DEA # BM4175279

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

PATIENT

*Ricky Crawford*

D.O.B.

ADDRESS

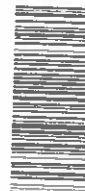


DATE

*12/26/24*

*PT 3X/wk x 2 wks (R) wrist*

*PX: (R) wrist hyperextension*



T15071223000074

SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL *RM*

SIGNATURE OF PRESCRIBER

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

*R. Mustillo MD*

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