

State of New Jersey
PRESCRIPTION BLANK

MD CARE URGENT CARE CENTER

637 WESTFIELD AVENUE

ELIZABETH, NJ 07208

TEL: 908-691-3800 • FAX: 908-352-0505

PRINT:

Clara Irizarry P.A.C. Tashan

LICENSE #

NPI #

CHECK IF:

☐ APN

☐ CNM

☒ PA

LICENSE / CERTIFICATE / Rx AUTHORIZATION #

D
E
A
#

PREScriBER:

COLLABORATIVE PHYS:

PATIENT

Migliore, Mark

D.O.B.

4/2/69

ADDRESS

DATE

2/6/24



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

Physical therapy

3 times a week for 3 weeks.

SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

REFILL _____ TIMES

SIGNATURE OF PRESCRIBER

[Signature]



PSF160222000383

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