

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____
DO NOT REFILL _____
REFILL _____ TIMES _____
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



MSEVX0719000561

NO
Centers
R10 Toss

PATIENT Ruth Wright B.O.B. 1-24-23
ADDRESS ☐ MR F HS Pain
DATE 1-24-23

LICENSE # 25MA05013400 DEA # BT 1364568
IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

FX-908 257-5678

(908) 757-1424

State of New Jersey
PRESCRIPTION BLANK
ANTHONY J. TARASENKO, M.D.
116 CORPORATE, SUITE E
SOUTH PLAINFIELD, NJ 07080
NPI # 1548462377

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PATIENT Ruth Wright B.O.B. 1-24-23
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DATE 1-24-23



MSEVX0719000560

NO
Centers

R10 HAND

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AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE
PATIENT Ruth Wright B.O.B. 1-24-23
ADDRESS ☐ CT Scan of Head/Neck
DATE 1-24-23



MSEVX0719000560

NO
Centers

R10 HAND
S.D.H.

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