

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

LICENSE # \_\_\_\_\_ NPI # 1235804893

CHECK IF: ☐ APN ☐ CNM ☒ PA

LICENSE / CERTIFICATE / R# AUTHORIZATION # \_\_\_\_\_

PREScriber: \_\_\_\_\_  
COLLABORATIVE PHYS: \_\_\_\_\_

PATIENT Cummingi, Leslie D.O.B. 11/11/70

ADDRESS \_\_\_\_\_ DATE 11/30/22

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

MR I (L) shoulder  
vs contrast

Ox: M25.572

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

DO NOT REFILL 8 SIGNATURE OF PRESCRIBER Christina Moore PA-C

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

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