

State of New Jersey
PRESCRIPTION BLANK

Hackensack Meridian Health
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NPI #1720456775

CERTIFICATION # 26NJ00579700 DEA #
COLLABORATING PHYSICIAN LICENSE #25MA09532900

NAME Yvonne Farnacio, M.D. MPH
(Enter Address and Phone Number only if different from above)

ADDRESS _____ PHONE # _____

PATIENT Dianne Roman D.O.B. 6/9/70
DATE 10/31/24

ADDRESS _____



Physical Therapy
evaluate and treat
2x week x 4 weeks
for (2) shoulder strain
and lumbar strain sp mva



SUBSTITUTION PERMISSIBLE

SIGNATURE OF PRESCRIBER

[Handwritten Signature]

DO NOT REFILL _____ TIMES

Use a separate form for each controlled substance prescription
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