

State of New Jersey
PRESCRIPTION BLANK

Hackensack Meridian Health
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CERTIFICATION # 26NJ01402100 DEA #

COLLABORATING PHYSICIAN

NAME Yvonne Farnacio, MD LICENSE # 25MA09532900
(Enter Address and Phone Number only if different from above)

ADDRESS

PHONE #

PATIENT Spindel Dana L. D.O.B. 2/28/1981

ADDRESS DATE 5/1/2024

☐ MRI of Right wrist/hand
without contrast

ATTN Radial aspect

By: (R) wrist/hand centesis

(R) wrist sprain

SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE OF PRESCRIBER

REFILL TIMES

Lorna V. Koloff-Connor

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

