

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: *J Brannan Drkashof*

NAME AND TITLE OF PRESCRIBER AND, IF APPLICABLE, COLLABORATIVE PHYSICIAN

LICENSE #

CHECK IF: ☐ APN ☐ CNM ☒ PA

LICENSE / CERTIFICATE / RX AUTHORIZATION #

D: PRESCRIBER

A: COLLABORATIVE PHYS.

PATIENT: *Jamaal McCall*

ADDRESS

D.O.B.

DATE

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

*physical therapy  
3x/week x 4 weeks  
Low back pain*



SUBSTITUTION PERMISSIBLE

DO NOT REFILL

REFILL: \_\_\_\_\_ TIMES

SIGNATURE OF PRESCRIBER

DO NOT SUBSTITUTE

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