

State of New Jersey
PRESCRIPTION BLANK

HOLY NAME PHYSICIANS
DANIEL FEGHHI, M.D.
ORTHOPEDIC SURGERY
433 HACKENSACK AVENUE
HACKENSACK, NJ 07601
TEL: (201) 836-1663 • FAX: (201) 836-5729

NPI#: 1629480959

LICENSE # 25MA10855500 DEA # FF9258802

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

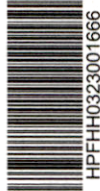
PATIENT Robert Willis D.O.B. _____
ADDRESS _____ DATE 1/8/23



Ice machine

* post-operative *

dx: S83.242A



SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____

DO NOT REFILL _____

SIGNATURE OF PRESCRIBER

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