State of New Jersey

PRESCRIPTION BLANK

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CERTIFICATION # 26NJ00324200 DEA # _____

COLLABORATING PHYSICIAN

NAME _____ LICENSE # _____

(Enter Address and Phone Number only if different from above)

ADDRESS _____

_____ PHONE # _____

PATIENT Jadyn Hahn D.O.B. 7/21/98

ADDRESS _____ DATE 8/31/2020

Rx

Pts PPD test is negative. 0 mm.

TIAM20814002815

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____

DO NOT REFILL _____

REFILL _____ TIMES

SIGNATURE OF PRESCRIBER N. Walsh, APN

Use a separate form for each controlled substance prescription

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