

State of New Jersey
PRESCRIPTION BLANK

FACILITY NAME
DOCTOR
SPECIALTY
STREET
CITY STATE ZIP
PHONE

NPI # _____

LICENSE # _____ **DEA #** _____

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

PATIENT _____ **D.O.B.** _____

ADDRESS _____ **DATE** _____

Rx



WL0000000000000

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