State of New Jersey

PRESCRIPTION BLANK

FACILITY NAME
DOCTOR
SPECIALTY
STREET
CITY STATE ZIP
PHONE

NPI # _____ CERT# _____

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

NOT VALID FOR SCHEDULE II CONTROLLED DANGEROUS SUBSTANCES,
EXCEPT FOR HYDROCODONE-CONTAINING PRODUCTS

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____

DO NOT REFILL _____

REFILL _____ TIMES

SIGNATURE OF PRESCRIBER

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.