E-PRESCRIBING FORM

"X" the doctor/therapist you see

- ☐ Mohamed Elrafei, M.D.
- ☐ Igor Gefter, M.D.
- ☐ Marina Haghour-Vwich, M.D.
- ☐ Adnan Khan, M.D.
- ☐ Anna Kravtsov, D.O.
- ☐ Aijaz Nanjiani, M.D.
- ☐ Maripat Alger Cottone, APRN, BC
- ☐ Laura Cohen, LCSW
- ☐ Amal Elrafei, LAC
- ☐ Dr. Joyce Graham, LPC
- ☐ Jaemma Javanes-Pisani, LPC
- ☐ Carol Johnson, LCSW

Patient Name: _____ Date: _____

Local Pharmacy Name & Address

_____

_____

_____

Telephone #: _____

Mail Order Pharmacy Name & Address

_____

_____

_____

Telephone #: _____

List MEDICATIONS you are ALLERGIC to

☐ No known allergies (NKA)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

LIST CURRENT MEDICATIONS

☐ NONE

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____