

E-Prescribing Form

'X' the provider you see

- | | | |
|---|---|---|
| <input type="checkbox"/> Dr. Mohamed Elrafei | <input type="checkbox"/> Maripat Alger-Cottone, APRN BC | <input type="checkbox"/> Carol Johnson, LCSW |
| <input type="checkbox"/> Dr. Igor Gefter | <input type="checkbox"/> Emily Coyle, PMHNP BC | <input type="checkbox"/> Laura Cohen, LCSW |
| <input type="checkbox"/> Dr. Rajesh Patel | <input type="checkbox"/> Dr. Mary Switala, DNP | <input type="checkbox"/> Megan Eland, LCSW |
| <input type="checkbox"/> Dr. Anna Kravtsov, DO | <input type="checkbox"/> Carrie Prakope, PMHNP BC | <input type="checkbox"/> Amal Elrafei, LPC |
| <input type="checkbox"/> Dr. Emad Mounir | <input type="checkbox"/> Natasha Dillon, PMHNP BC | <input type="checkbox"/> Dr. Joyce Graham, LPC PhD |
| <input type="checkbox"/> Dr. Marina Haghour-Vwich | <input type="checkbox"/> Teresa Omwenga, PMHNP BC | <input type="checkbox"/> Jaemma Javanes-Pisani, LPC |
| <input type="checkbox"/> Dr. Leonid Kapulsky | <input type="checkbox"/> Mohamed Alhennawy, PMHNP BC | <input type="checkbox"/> Aleen Beversluis, LPC |
| | <input type="checkbox"/> Amanda Moroz, PMHNP BC | |

Patient Name: _____

Local Pharmacy Name and Address

Phone # _____

If using a mail order pharmacy

Phone # _____

List any medications you are allergic to

If no known allergies