

ALLERGY, ASTHMA & IMMUNOLOGY CONSULTANTS

SAMEH S. KARAZ, M.D.

ANGELOS KOUTSONIKOLIS, M.D.

~~00000000000000000000~~ LIC. # ME0063824 (FL)

9770 SOUTH MILITARY TRAIL, SUITE B 2-3

BOYNTON BEACH, FL 33436

(561) 733-3546 TEL., (561) 733-3547 FAX

BATCH # MD1050407AL5105430

NAME Daniel Bernstein

AGE

ADDRESS _____

DATE

9/23/07

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

RESISTS ERASURES AND ALTERATIONS

ILLEGAL APPEARS IF COPIED

Rx

I believe that

Daniel should move
to a mold free
environment in order to
diminish his respiratory
symptoms

Label

Refill _____ times


(Signature)

In order for the brand name product to be dispensed, the prescriber must write 'Medically Necessary' on the front of this prescription.



5DAL5105430

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9770 SOUTH MILITARY TRAIL, SUITE B 2-3

BOYNTON BEACH, FL 33436

(561) 733-3546 TEL. (561) 733-3547 FAX

BATCH # ME3050407AL5105430

NAME Daniel Bernstein AGE _____

ADDRESS _____ DATE 9/23/05

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

RESISTS ERASURES AND ALTERATIONS

ILLEGAL APPEARS IF COPIED

R

Loratadine syrup (generic)
or

#150cc

1/2 tsp - 1 tsp QHS

Label 1

Refill _____ times


(Signature)

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BATCH # MD1050407AL5105430

NAME Daniel Bernstein AGE _____

ADDRESS _____ DATE 9/22/05

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND
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R

Nasonex

#1

1 spray in each nostril
qd

Label

Refill

times

(Signature)

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PATCH # MD1050407AL5105430

NAME Daniel Bernstein AGE _____

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Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND
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Rx

① IgG

② IgA

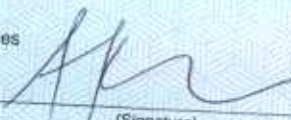
③ IgM

④ IgE

Dx: 465.9

Label

Refill _____ times



(Signature)

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