

BACH, Rikke (id #1783, dob: 01/22/1981)

Approved Prescription

Date Ordered: 08/15/2024

Pharmacy	Prescriber
	Marie Merjanian REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY GROUP 1800 Peachtree Road NW Suite 640 ATLANTA, GA 30309-2555 Phone: (404) 370-1817 Fax: (404) 591-8909

Prescription Information

Medication	Zoladex 3.6 mg subcutaneous implant
Quantity	1 (one) 1 implant syringe
SIG	Inject 3.6 mg every month by subcutaneous route for 28 days.
Refills Allowed	1 Refill
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	BACH, RIKKE
Sex - DOB - Age	F 01/22/1981 43yo
Address	5937 COBBLESTONE CREEK CIR MABLETON, GA 30126-2655
Phone	H: (908) 267-1556 M: (908) 267-1556
Primary Insurance	UMR ID: Y16021268 Group: 76411011 Policy Holder: BACH, RIKKE
Secondary Insurance	None recorded.

Electronically Signed by: CAROLYN KAPLAN, MD



08/15/2024

DEA # _____

Prescription is void if more than one (1) prescription is written per blank.