



**PEDIATRIC ASSOCIATES**  
OF WELLESLEY, INC.

PAULA J. CURRAN, M.D.  
MARK A. BLUMENTHAL, M.D.  
DAVID A. LANDIS, M.D.  
ANDREEA CAZACU, M.D.  
MAUREEN M. FILIPPINE, M.D.  
KAREN E. REDNOR, M.D.  
HAYA YANKELEV, M.D.  
MICHAEL J. ZACKIN, M.D., Ph.D.  
SUSAN L. HAMWEY, CPNP

### Prescription Medication Order

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Order Date: \_\_\_\_\_ Discontinue: \_\_\_\_\_

Prescriber: \_\_\_\_\_

M.D. Signature: \_\_\_\_\_

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134 SOUTH AVENUE  
WESTON • MASSACHUSETTS 02493-1923  
TEL (781) 736-0040  
FAX (781) 736-7929

[www.paofwellesley.com](http://www.paofwellesley.com)

OLDE MEDFIELD SQUARE  
266 MAIN STREET • SUITE 18  
MEDFIELD • MASSACHUSETTS 02052-2019  
TEL (508) 359-9200  
FAX (508) 359-0170