

ibhrrxreggen; 2/08/2016



MRN: 00173581 04/21/2016  
ALTIZER, JOHN W  
10/19/1938 77Y M  
NONSTAFF PHYSICIAN  
FIN: 0002474547

This prescription should only be accepted if it is printed on security paper.  
This prescription is valid when signed electronically (E-Sig.) or signed by hand by the prescriber.  
If you feel, for any reason, this prescription is not valid, please contact the prescriber immediately.

Electronically Signed On: 03/23/16 12:21:34 MS  
NPI #: 1841291929

2946 E Banner Gateway Dr  
Gilbert, AZ 85234  
(480) 253-3657

Prescribed by: **BRYAN Y WONG, MD**

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

**BRYAN Y WONG, MD (E-Sig.)**

Rx: See Instructions  
SIG: < 1 unit(s) >  
Dispense/Supply: < 11 >  
Refill:  
Instructions: Please check:  
PSA, testosterone in one month and as per Dr Wong  
Please fax results to Dr. Wong at 480-256-5133  
ICD10: C61  
Date Written: 03/23/2016

New Prescription: Date Issued: 03/23/2016

Patient Name: **ALTIZER, JOHN WILEY**  
Birthdate: 10/19/1938 13:01 Age: 77 Years Sex: Male MRN: 221824  
Allergies: No known allergies  
Pharmacist please note—Allergy list may be incomplete.  
Patient Address: 215 S COWBOY WAY,  
COTTONWOOD, AZ 86326-7347  
Home Phone: 9286491639  
Work Phone: (928)593-0627

**BANNER GATEWAY MEDICAL CENTER**

1900 N Higley  
Gilbert, AZ 85234  
(480)543-2000



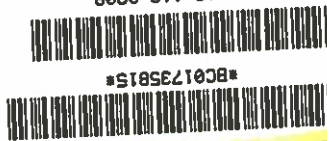
DR. Nonstaff, Physician

PSA Total

Fax VVMC

5.00mL Green LI (A) RT/RT  
50.00Especial (B) RT/RT

ACCN# 16-112-0909



21APR16 1108 (11:08)  
TIME: 11:15  
INIT: JS

017-35-81 VVMC  
ALTIZER, JOHN M

Lab VVMC

77 Y M 19OCT38

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0031239413