

Main Office:

RICK A SHACKET  
DO, MD(H)



Rick Shacket DO - BS9262611  
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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### PRESCRIPTION

Zepbound\* 4 pens of 15mg/0.5ml | \*[May substitute with Mounjaro]  
Sig: DO NOT SELF-ADMINISTER or INJECT: Bring medication to Dr. Shacket's office.

Refills:  No  Yes \_\_\_\_\_time(s)

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Rick A. Shacket, DO, MD (H)  
Diplomate American Osteopathic Board of Proctology

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**LOCATION:**  
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