

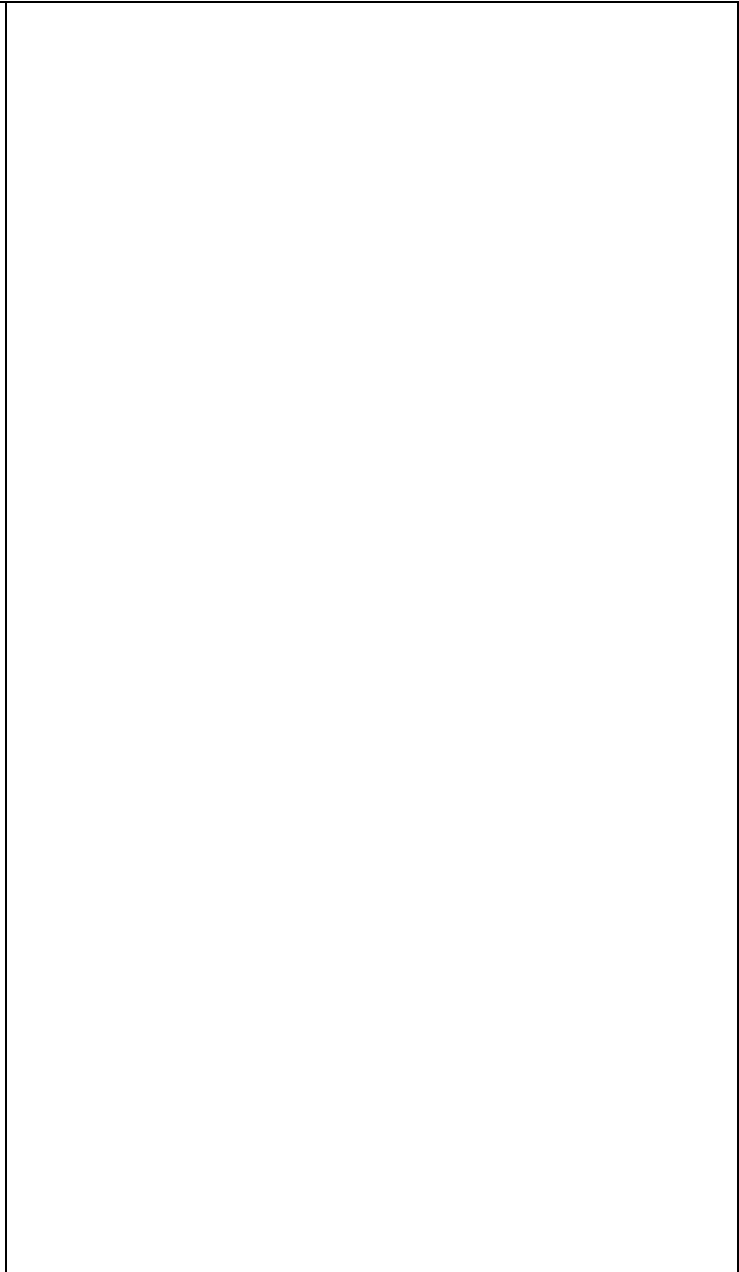


Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____ Allergies: _____
 Call When Ready Text Message When Ready Delivery Mail Out

- Glycopyrrolate 0.5% Topical Solution**
 Qty: 120 ml or: _____
 Sig: AAA topically up to 2 times daily as directed.
 Or: _____

- Glycopyrrolate 1% Topical Lotion**
 Qty: 120 ml or: _____
 Sig: AAA topically up to 2 times daily as directed.
 Or: _____

- Aluminum Chloride 20% Topical Solution**
 Qty: 120 ml or: _____
 Sig: AAA topically up to 2 times daily as directed.
 Or: _____



Healthcare Provider Signature:
Print Name: _____
NPI: _____

Refills: 1 2 3 4 5 PRN

Agent sending: _____
DEA: _____

Clinic Name: _____
Clinic Address: _____
Clinic Phone/Fax: _____

