



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

Boric Acid 600 mg Capsules

Qty: 30 capsules or: _____
 Sig: Insert capsule vaginally as directed
 or: _____

Boric Acid 30% Vaginal Gel (MucoLox™)

Qty: #30 gm or: other _____
 Sig: Use 1 gm vaginally as directed
 or: _____

Clotrimazole 2%/Ibuprofen 2%/Tee Tree Oil 1% Topical Gel (MucoLox™/VersaBase®)

Qty: #30 gm, or: other _____
 Sig: Use 1 gm vaginally as directed
 or: _____

Flucytosine 15% Vaginal Cream (MucoLox™/VersaBase®)

Qty: #30 gm, or: other _____
 Sig: Use 1 gm vaginally as directed
 or: _____

Amphotericin B 50 mg MBK Vaginal Suppository

Qty: #30 or: other _____
 Sig: Insert 1 suppository vaginally as directed
 or: _____

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ Agent sending: _____

NPI: _____ DEA: _____

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

