



Date: _____ Patient Name: _____

DOB: _____ Address: _____

City: _____ State: _____ Phone: _____ Allergies: _____

Call When Ready Text Message When Ready Delivery Mail Out

Urea Cream 40%

Qty: 60g

Sig: Apply topically to affected area twice daily

Glycolic Acid 10% / Urea 34% Cream

Qty: 60g

Sig: Apply topically to affected area twice daily

Glycolic Acid 20% / Urea 20% Cream

Qty: 60g

Sig: Apply topically to affected area twice daily

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ Agent sending: _____

NPI: _____ DEA: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone/Fax: _____

