



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

Cholestyramine in Aquaphor Diaper Rash Ointment

10% #60gm

Sig: AAA with each diaper change, or _____

Cholestyramine 10%/Nystatin 50,000 units/gm

#60gm

Sig: AAA with each diaper change, or _____

Cholestyramine 10%/Mupirocin 1% #60gm

Sig: AAA with each diaper change, or _____

Cholestyramine 10%/Mupirocin 0.5%/Nystatin

25,000 units/gm #60gm

Sig: AAA with each diaper change, or _____

Magic Butt – Nystatin (Nystatin 33%, Antacid 33%, Zinc Oxide 33%) #60gm

Sig: AAA with each diaper change, or _____

K-Med #60gm

Sig: AAA with each diaper change, or _____

K-Med/Hydrocortisone 1% #60gm

Sig: AAA with each diaper change, or _____

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ Agent sending: _____

NPI: _____ DEA: _____

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

