



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: _____

- Glycopyrrolate 0.25%/Tea Tree Oil 2.5% Topical Stick**
 Qty: 120 gm or: _____
 Sig: AAA topically up to 2 times daily as directed.
 Or: _____

- Aluminum Chlorohydrate 20% Topical Cream**
 Qty: 120 gm or: _____
 Sig: AAA topically up to 2 times daily as directed.
 Or: _____

- Aluminum Chlorohydrate 5% Topical Powder**
 Qty: 120 gm or: _____
 Sig: AAA topically up to 2 times daily as directed.
 Or: _____

- Methenamine 5% Clear Topical Lotion**
 Qty: 120 ml or: _____
 Sig: AAA topically up to 2 times daily as directed.
 Or: _____

Healthcare Provider Signature:

Refills: 1 2 3 4 5 PRN

Print Name: _____ Agent sending: _____
 NPI: _____ DEA: _____

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

