



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

<p><input type="checkbox"/> <b>Promethazine Transdermal Cream</b>  <i>(circle strength)</i> 25mg/0.2ml or 6.25mg/0.1ml          Qty: (# of doses) _____          Sig: Apply _____ topically to inner wrist          every _____ hours as needed.</p> <p><input type="checkbox"/> <b>Ondansetron Transdermal Cream 4mg/0.1ml</b>          Qty: (# of doses) _____          Sig: Apply _____ topically to inner wrist          every _____ hours as needed.</p> <p><input type="checkbox"/> <b>Cholestyramine in Aquaphor Ointment 10%</b>          Qty: 60gm          Sig: AAA with each diaper change, or _____</p> <p><input type="checkbox"/> <b>Cholestyramine 10%/Nystatin 50,000 units/gm Ointment</b>          Qty: 60gm          Sig: AAA with each diaper change, or _____</p> <p><input type="checkbox"/> <b>Cholestyramine 10%/Mupirocin 1% Ointment</b>          Qty: 60gm          Sig: AAA with each diaper change, or _____</p> <p><input type="checkbox"/> <b>Cholestyramine 10%/Mupirocin 0.5%/Nystatin 25,000 units/gm Ointment</b>          Qty: 60gm          Sig: AAA with each diaper change, or _____</p> <p><input type="checkbox"/> <b>Magic Butt – Nystatin (Nystatin 33%, Antacid 33%, Zinc Oxide 33%) Paste</b>          Qty: 60gm          Sig: AAA with each diaper change, or _____</p>	<p><input type="checkbox"/> <b>Omeprazole Oral Suspension</b>  <i>(circle strength)</i> 2mg/ml or 5mg/ml          Qty: _____          Sig: _____</p> <p><input type="checkbox"/> <b>Lansoprazole Oral Suspension</b>  <i>(circle strength)</i> 3mg/ml or 5mg/ml          Qty: _____          Sig: _____</p> <p><input type="checkbox"/> <b>Metronidazole Benzoate Oral Suspension</b>          Strength _____          Sig: _____</p> <p><input type="checkbox"/> <b>Antipyrine 5.4%/Benzocaine 1.4% Otic Drops</b> Qty: 15ml          Sig: _____</p> <p><input type="checkbox"/> <b>Potassium Hydroxide Solution 10%</b> Qty: 15ml          Sig: AAA with flat-ended toothpick until irritation occurs.</p> <p><input type="checkbox"/> <b>Wart Magic (Salicylic Acid 20%/Lactic Acid 10%/Formaldehyde 8% in Flexible Collodion)</b> Qty: 15ml          Sig: AAA after debridement, cover overnight and wash off in am</p> <p><input type="checkbox"/> <b>Salicylic Acid 20%/5-Fluorouracil 5% Topical Solution</b>          Qty: 15ml          AAA after debridement, cover overnight and wash off in am</p> <p><input type="checkbox"/> <b>K-Med Ointment</b> Qty: 60gm          Sig: AAA with each diaper change, or _____</p> <p><input type="checkbox"/> <b>K-Med/Hydrocortisone 1% Ointment</b> Qty: 60gm          Sig: AAA with each diaper change, or _____</p>
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Refills:    1    2    3    4    5    PRN

Healthcare Provider Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Agent sending: \_\_\_\_\_

NPI: \_\_\_\_\_ DEA: \_\_\_\_\_

Clinic Name: \_\_\_\_\_  
 Clinic Address: \_\_\_\_\_  
 Clinic Phone/Fax: \_\_\_\_\_

