

Prescriber		
Address		
City	State	Zip
Phone	Fax	

Patient		D.O.B.
Mobile Phone		Home Phone
Address		
City	State	Zip

DEA

NPI

Allergies

SUPERVISING PHYSICIAN

Credit Card Number

Expiration Date

CV Number

POWDER

Acyclovir / Triamcinolone Acetonide / Dyclonine HCl / Polyox Powder to 3GM
36.7% / 16.7% / 3.33%

Each Spray Bottle contains max 3GM for 30-day supply.

Directions For Use: Keeping bottle upright, rotate the arm to the required angle to deliver powder directly to the affected area. If needed, use a mirror to ensure the proper angle of the arm.
Spray 1 or 2 sprays to the affected area 3 to 4 times per day.

Other: _____

Dispense Qty: 1 Bottle

Refills: _____

Notes or Custom Formula Request:

Special Shipping Requests:

Prescriber Signature:

Date:

This compounded medication is being prescribed for my patient as I believe it is clinically significant over other commercially available products.
Complete and FAX signed Rx to 877-210-1381 **Pharmco Inc the copounding pharmacy.**
Please note that Pharmco may contact you for any clarification they may need for the Acyclonine MUM Rx.