

Physician's Medication Order Form: Cholesterol / Porokeratosis



LIBERTY DRUG

195 Main Street - Chatham, NJ 07928
(Phone) 877.836.0111 (Fax) 973.635.6208

www.LibertyDrug.com

LibertyDrugRx@gmail.com

PHYSICIAN NAME: _____ DEA# _____ NPI# _____

PHYSICIAN ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHYSICIAN PHONE: _____ PHYSICIAN FAX: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

Cholesterol 2%, Lovastatin 2% Ointment

DIRECTIONS:

Apply to affected area twice a day

Other:

DIRECTIONS:

PATIENT NAME: _____ GENDER: _____ DOB: _____

PATIENT ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

The documents accompanying this telecopy transmission contain confidential information belonging to the sender that is legally privileged. It is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone. Thank you.

FAX (973) 635-6208