Physician's Medication Order Form: Anti-Inflammatory

LIBERTY DRUG
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(*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: _____

□ Steroid:

□Clobetasol 0.05% □Clobetasol 0.1%

□ Desonide 0.05%

□Fluocinonide 0.05%

□Triamcinolone 0.1%

□ Niacinamide 2%

□ Other:

FORM: **□Cream** **□Ointment**

QUANTITY: **□ 30gm** **□60gm** **□90gm** **□1 lb**

DIRECTIONS:

□ _____

PATIENT NAME:_____ GENDER: _____ DOB: _____

PATIENT ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

FAX (973) 635-6208