

# Physician's Medication Order Form:

## Acne / Anti-Aging



**LIBERTY DRUG**

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[www.LibertyDrug.com](http://www.LibertyDrug.com)

LibertyDrugRx@gmail.com

PHYSICIAN NAME: \_\_\_\_\_ DEA# \_\_\_\_\_ NPI# \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICIAN PHONE: \_\_\_\_\_ PHYSICIAN FAX: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Tretinoin:

0.025%

0.05%

0.1%

### Niacinamide 2%

### Azelaic Acid 8%

### FORM:

Cream

Ointment

### QUANTITY:

30gm

60gm

### Sodium Sulfacetamide 9%, Sulfur 3% Foaming Wash 120 mL

### DIRECTIONS:

\_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FAX (973) 635-6208**