

Physician's Medication Order Form

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LIBERTY DRUG

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

PHYSICIAN NAME: _____ DEA# _____ NPI# _____

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

PHYSICIAN PHONE: _____ PHYSICIAN FAX: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

WART FILM PLUS *5-Fluorouracil 5%/ Levamisole 0.2%/ 2-Deoxy-D-Glucose 1%/ Salicylic Acid 20% in DMSO*

DIRECTIONS:

1. Soak foot or other area to be applied for 5 to 10 minutes in warm water.
2. Gently rub skin around wart with a nail/emery board to remove dead skin / old medicine and help soften skin.
3. Use the brush to lightly apply the medication to the wart(s). Use care to avoid applying medication to healthy skin. The medication will break down healthy skin as well as the warts.
4. Allow medication to dry. Cover the wart with a bandage or piece of paper tape.
5. Put the cap back tightly on the bottle and store upright.
6. Wash hands after applying. NEVER put WART FILM PLUS in mouth, nose or eyes.
7. In case of accidental ingestion or contact with eyes, nose or mouth, contact the Poison Control Center at (800) 962-1253

TERBINAZOLE NAIL FILM *Terbinafine 2.5% / Econazole 1% or 5% in DMSO*

DIRECTIONS:

1. Soak foot or other area to be applied for 5 to 10 minutes in warm water.
2. Use the brush to lightly apply the medication to the nail(s). Use care to avoid applying medication to skin.
3. Allow medication to dry for 3-4 minutes
4. Put the cap back tightly on the bottle and store upright.
5. Wash hands after applying. NEVER put TERBINAZOLE NAIL FILM in mouth, nose or eyes.
6. In case of accidental ingestion or contact with eyes, nose or mouth, contact the Poison Control Center at (800) 962-1253

PF GEL (*Plantar Fasciitis*) *Ketoprofen/Ketamine/Amitriptyline/Carbamazepine/Diphenhydramine/Ibuprofen/Cyclobenzaprine*

DIRECTIONS:

Apply 3-4 drops to painful area and massage in well two to four times a day

PATIENT NAME: _____ GENDER: _____ DOB: _____

PATIENT ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

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FAX (973) 635-6208