

Physician's Medication Order Form:

Intertrigo

www.LibertyDrug.com

LibertyDrugRx@gmail.com



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: _____

Iodoquinol 1%, Hydrocortisone 2.5%, Niacinamide 2% Cream

DIRECTIONS:

Apply to affected area 3 to 4 times a day

Other:

DIRECTIONS:

PATIENT NAME: _____ GENDER: _____ DOB: _____

PATIENT ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

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