

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

**Rx**

\_\_\_ Preventative

RhusTox Oral Solution 12X (Pharmacist to dilute/success UD).

Swallow contents of one 3ml syringe once a week for 3 weeks then  
3ml every 6 weeks during growing season.

4 x 3ml Syringes

Refills \_\_\_\_\_

\_\_\_ Active Rash

Compounded Grindelia Robusta 3X + lidocaine 4% +  
Hydrocortisone 1%

Apply liberally to rash and surrounding area, rub gently in  
circular motion for 15-30 seconds, rinse off with cool  
running water and pat dry. Repeat as needed.

40 Gm      Refills \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Prescriber name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

DEA/NPI \_\_\_\_\_