

 **APOTHECARY OPTIONS**
Prescription Order Form

Patient Name: _____ Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Allergies: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

All Purpose Lactation Ointment (APNO)
(Dr. Jack Newman Formulation)

Equal parts of Mupirocin 2% and Betamethasone 0.1% Ointments, mixed with pure Miconazole powder USP to a final miconazole concentration of 2%

Qty: 30gm

Price: \$44.60*

Sig: Apply sparingly to nipple and areola after each feeding session. If used sparingly, there is usually no need to wipe off ointment prior to the next feeding.

Refill: x 1

*Price subject to change

Prescriber Signature: _____

Prescriber Name: _____

Address: _____


City: _____ State: _____ Zip: _____

State License: _____ NPI: _____

Phone: (_____) _____ Fax: (_____) _____

Instructions:

- Complete all sections.
- We must verify the legitimacy of all prescriptions as required by law.
- We will contact you to arrange for payment and shipping. Refrigerated shipping fees may apply.
- Fax or mail the completed prescription to:

 **APOTHECARY OPTIONS**
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