



# APOTHECARY OPTIONS

## Prescription Order Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_



### Heel Cream, 120gm

(Salicylic Acid 2%, Glycolic Acid 2%, Benzoic Acid 4%, Mineral Oil (heavy),  
Aloe Vera, Allantoin, Lanolin, Petrolatum, Vitamins A,E,& D)

### Refill PRN



Prescriber Signature: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License: \_\_\_\_\_ DEA: \_\_\_\_\_

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.
- Fax or mail the completed prescription to:



# APOTHECARY OPTIONS

3006 Esplanade, Suite I, Chico, CA 95973  
phone: 530-345-RxRx (7979) fax: 530-345-9797  
**toll free 1-866-586-4633**