

BLACKBURN DRUG

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BLACKBURNDRUG.COM
545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME _____ DOB _____
ADDRESS _____ PHONE _____
ALLERGIES _____

- UREA 44% GEL
 - APPLY TO AFFECTED AREA HEAVILY TWICE A DAY
 - 200 GRAMS
 - REFILLS _____

- UREA 40% ITRACONAZOLE 1% GEL
 - APPLY TO AFFECTED AREA HEAVILY TWICE A DAY
 - 200 GRAMS
 - REFILLS _____

- ITRACONAZOLE 1% DMSO 10% TERBINAFIN 2% TEA TREE OIL 1% OINTMENT
 - APPLY TO AFFECTED NAIL(S) TWICE A DAY UNTIL NAIL GROWS OUT
 - 30 GRAMS
 - REFILLS _____

- SALICYLIC ACID 20% WITH FLUOROURACIL %5
 - APPLY TO WART AT BEDTIME - COVER DURING NIGHT
 - 20 GRAMS
 - REFILLS _____

- TRETINOIN/HYDROQUINONE/TRIAMCINOLONE _____%_____ % _____ %
 - TYPICAL DOSE = 0.025/4/0.1% (LOW) - 0.05/8/0.1% (MID) - 0.1/12/0.1% (HIGH)
 - APPLY TO FACE SPARINGLY DAILY AT BEDTIME
 - 30 GRAMS
 - REFILLS _____

PHYSICIAN NAME _____ DATE _____
SIGNATURE _____ DEA _____