BLACKBURN DRUG

PHONE: 307-201-1159 L FAX: 307-201-1553
BLACKBURNDRUG.COM
545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME _____ DOB_____
ADDRESS_____PHONE_____
ALLERGIES _____ EMAIL _____

☐ ALUMINUM CHLORIDE / SALICYLIC ACID 15/2% CREAM
- APPLY 1 CLICK (¼ ML) TO AFFECTED AREAS TWICE DAILY
- 30 ML
- REFILLS _____

PHYSICIAN NAME_____ DATE_____
SIGNATURE_____ DEA_____