

BLACKBURN DRUG

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545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME _____ DOB _____
ADDRESS _____ PHONE _____
ALLERGIES _____

LIOTHYRONINE (T3) SR CAPSULES _____MCG

- TAKE 1 CAPSULE BY MOUTH EVERY DAY
- # _____ CAPSULES
- REFILLS _____

LEVOTHYROXINE (T4) IR CAPSULES _____MCG (IMMEDIATE RELEASE)

- TAKE 1 CAPSULE BY MOUTH EVERY DAY
- # _____ CAPSULES
- REFILLS _____

LEVOTHYROXINE (T4) SR CAPSULES _____MCG (SUSTAINED RELEASE)

- TAKE 1 CAPSULE BY MOUTH EVERY DAY
- # _____ CAPSULES
- REFILLS _____

LIOTHYRONINE (T3) _____MCG / LEVOTHYROXINE (T4) _____MCG SR CAPSULES

- TAKE 1 CAPSULE BY MOUTH EVERY DAY
- # _____ CAPSULES
- REFILLS _____

PHYSICIAN NAME _____ DATE _____

SIGNATURE _____ DEA _____