

BLACKBURN DRUG

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

PATIENT NAME _____ DOB _____
ADDRESS _____ PHONE _____
ALLERGIES _____

VIT-E 100 IU VAGINAL SUPPOSITORY (NON-HORMONAL VAGINAL HYDRATION)

- INSERT 1 SUPPOSITORY VAGINALLY 2-4 TIMES PER WEEK AT BEDTIME.
- #30 SUPPOSITORIES (\$90) WITH 3 REFILLS

ESTRIOL (E3) 2 MG SUPPOSITORY

- INSERT 1 SUPPOSITORY VAGINALLY TWICE A WEEK AT BEDTIME.
- #24 FOR A 90 DAY SUPPLY (\$90) WITH 3 REFILLS

LIDOCAINE 10% OINTMENT

- APPLY TO THE AFFECTED AREA(S) EVERY 4-6 HOURS AS NEEDED FOR PAIN.
- #30 GRAMS (\$35) WITH 3 REFILLS

AMITRIPTYLINE/BACLOFEN/GABAPENTIN 2.5/2.5/2.5 % VAGINAL CREAM

- APPLY VAGINALLY EVERY 8 HOURS AS NEEDED FOR PAIN.
- #30 GRAMS (\$60) WITH 3 REFILLS

WELLNESS VAGINAL DILATOR KIT

- 4 SIZE DILATOR SUPPOSITORY KIT (\$65)
- ½", ⅓", 1", 1 ¼"

DOCTOR NAME _____

DATE _____

SIGNATURE _____

DEA _____