




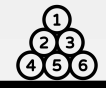


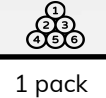



TOPICALS	 Full Prescription Topical Drug Name & Strength		GENERIC or BRAND	Dosage Form: Gel, Lotion, Paste, Ointment, Liquid, Suspension, Tablet, Cream, Powder, Patch, Pad, Pellet, Patch, etc.	Packaging: Tube, Bottle, Can, Pump, Container, Cup, Packet, Jar, Container, Etc.	Container size or how many items inside container?	Quantity per fill? 	Filled how often? 	Retail/ Mail? 
		Example: Clobetasol Propionate .05%	(G)eneric	Gel	Tub	15 GM	3 tubes	90 Days	Mail
		Example: Restasis EMU .05%	(B)rand	Liquid	Container	60 Vials	1 Container	30 Days	Retail
INJECTABLES	 Full Prescription Injectable Drug Name & Strength		GENERIC or BRAND	Dosage Form: Vial, Cartridge, Pre-filled, Pre-filled, Pen, etc	Quantity inside box/carton or size of vial?	Quantity per fill? 	Filled how often?	Retail/ Mail? 	
		Example: Humalog 100 ML	(B)rand	Kwikpen	5 pens per box	1 box	30 Days	Retail	
		Example: Insulin Aspart 100 ML	(G)eneric	Vial	10 ML vial	3 vials	90 Days	Retail	
INHALED	 Full Prescription Inhaled Drug Name & Strength		GENERIC or BRAND	Dosage Form: Inhaler, Blister Pack, Spray, Bottle, Container, Vial	Contents size?	Quantity per fill? 	Filled how often?	Retail/Mail? 	
		Example: Advair Diskus 100/50	(B)rand	Discus Blister pack	60 blisters	1 pack	30 Days	Retail	
		Example: Albuterol Sulfate HFA 90 MCG	(G)eneric	Inhaler	8.5 gm	1 inhaler	60 Days	Retail	
		Example: Fluticasone Propionate 50 MCG	(G)eneric	Spray	15.8 ml	1 bottle	90 Days	Retail	

Signature: Type Name Here

(required)

Mother's Maiden Name

Mother's maiden name serves as a form of security to authorize the digital signing of this form.

Date