

# Physician's Medication Order Form: Cholesterol / Porokeratosis



**LIBERTY DRUG**

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PHYSICIAN NAME: \_\_\_\_\_ DEA# \_\_\_\_\_ NPI# \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICIAN PHONE: \_\_\_\_\_ PHYSICIAN FAX: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Cholesterol 2%, Lovastatin 2% Ointment**

DIRECTIONS:

Apply to affected area twice a day

\_\_\_\_\_

**Other:**

DIRECTIONS:

PATIENT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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