

Physician's Medication Order Form:

Acne / Anti-Aging



LIBERTY DRUG

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www.LibertyDrug.com

LibertyDrugRx@gmail.com

PHYSICIAN NAME: _____ DEA# _____ NPI# _____

PHYSICIAN ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHYSICIAN PHONE: _____ PHYSICIAN FAX: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

Tretinoin:

0.025%

0.05%

0.1%

Niacinamide 2%

Azelaic Acid 8%

FORM:

Cream

Ointment

QUANTITY:

30gm

60gm

Sodium Sulfacetamide 9%, Sulfer 3% Foaming Wash 120 mL

DIRECTIONS:

PATIENT NAME: _____ GENDER: _____ DOB: _____

PATIENT ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

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