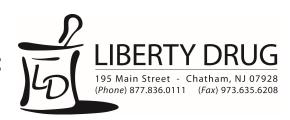
## Physician's Medication Order Form: Rosacea



www.LibertyDrug.com LibertyDrugRx@gmail.com

PHYSICIAN NAME:	AN NAME:DEA#		NPI#	
PHYSICIAN ADDRESS:	CITY:	STA <sup>-</sup>	TE: ZIP:	<u>_</u>
PHYSICIAN PHONE:	PHYSICIA	N FAX:		
PHYSICIAN SIGNATURE:		DATE:		
□ Azelaic Acid 15%, Niacin	amide 2% Cream			
<u>DIRECTIONS</u> :				
$\Box$ Apply a thin film to affe	ected area twice a day			
□ Azelaic Acid 15%, Metro	nidazole 1%, Ivermectin	1% Cream		
<u>DIRECTIONS</u> :				
$\Box$ Apply a thin film to affe	ected area twice a day			
□ Other:				
<u>DIRECTIONS</u> :				
		0511555	202	
PATIENT NAME:		GENDER:	DOR:	
PATIENT ADDRESS:		PHONE:		
CITY:		STATE:	7IP·	

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