Walt's Family Pharmacy- Fax 843.300.1229

(Herolds North)

Date_____

Patient_____ **DOB**_____

Pt Tel # _____**Address**_____

Allegies_____

	ITEM	Notes
☐	WFP Wound Ointment	*In a PEG water washable base*
	Gentamicin 0.1%	
	Nifedipine 0.2%	
	Phenytoin 1%	
	Misoprostol 0.0024%	

additional_____

Sig: Apply 1-2 grams to AA 1-2 times daily

Qty 45gm - 90gm - 120gm - 180gm Refills 1 3 5 PRN _____

_____ _____

Dispense as Written Substitution Permitted

Provider

☐ _____ NPI _____ Notes