

PATIENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DATE \_\_\_\_\_ DOB \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

WARTpeel® (5fu, sal acid) in Remedium™ Delivery System

Must be dispensed in an amber syringe to ensure quality  
of medication

SIG: Apply once daily following instruction sheet.

DISP: 5gm.

REFILL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_ DEA

CLINIC \_\_\_\_\_

FAXED BY: \_\_\_\_\_

NAME

TITLE