



Prescription Order Form

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies: _____ Phone: (_____) _____

COMPOUNDED MEDICATION

☐ **All-Purpose Lactation Ointment- Compounded**

(Final concentration: Mupirocin 1%, Miconazole 2%, and Betamethasone valerate 0.05%)

Quantity: 30 grams Refills: _____

Directions: Apply a thin film to nipples and areolas after each breast-feeding. For prevention, use once or twice daily.

Prescriber Signature: _____ Today Date: _____

Prescriber Printed Name: _____ ☐MD ☐DO ☐ND ☐PA ☐NP ☐CNM/CN

State License: _____ DEA: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____