



1) Quantities unless specified otherwise:
PRN 31 doses, Rx qs 7 days or pack size of
1. Externals 30g

2) Orders authorized ongoing until next Physician's review form signed unless stop date or discontinue order given

Allergies : _____

Prescriber's Signature	Nurse 1	Nurse 2	Nurse: Please Initial The Documentation As Performed			
			Care Plan	Consent	Mar/Tar	Lab
Registration#	Date / Time	Date / Time				