



U Save It Pharmacy - Peach Valley

2310 Chesnee Hwy,
Spartanburg, SC 29303
P: 864-577-0087 F:864-577-0599

Patient Name: _____ DOB: _____ Phone #: _____

Address: _____ City/State/Zip: _____

COMPOUNDED MEDICATION	STRENGTH	DISPENSE	DIRECTIONS	REFILLS
<u>Reflux:</u>				
<input type="checkbox"/> Lansoprazole Oral Susp.	<input type="checkbox"/> 3mg/ml	Qty: _____	Sig:	
<input type="checkbox"/> Omeprazole Oral Susp.	<input type="checkbox"/> 2mg/ml			
<input type="checkbox"/> Ranitidine Oral Susp.	<input type="checkbox"/> 30mg/ml			
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____			
<u>Throat/ Mouth:</u>				
<input type="checkbox"/> Dexamethasone Oral Rinse	<input type="checkbox"/> 0.5mg/ 5ml	Qty: _____	Sig:	
<input type="checkbox"/> Acyclovir/ Lidocaine/ Deoxy-D-Glucose Oral Rinse	<input type="checkbox"/> 5/ 1/ 2%			
<input type="checkbox"/> Lidocaine Oral Rinse	<input type="checkbox"/> 2%			
<input type="checkbox"/> Lidocaine Throat Spray	<input type="checkbox"/> 4%			
<input type="checkbox"/> Benzocaine Throat Spray	<input type="checkbox"/> 2.3%			
<u>Oral Yeast/ Thrush:</u>				
<input type="checkbox"/> Nystatin Oral Susp.	<input type="checkbox"/> 100,000 U/ml	Qty: _____	Sig:	
<input type="checkbox"/> Clotrimazole Oral Rinse	<input type="checkbox"/> 1%			
<u>Diaper Rash:</u>				
<input type="checkbox"/> Cholestyramine/ Zinc Oxide	<input type="checkbox"/> 5/ 5%	Qty: _____	Sig:	
<input type="checkbox"/> Zinc Oxide/ Ketoconazole/ Hydrocortisone	<input type="checkbox"/> 1:1:1			
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other _____			

Doctor Name (Printed): _____ DEA: _____ Phone: _____

Dispense as Written

Substitution Permitted