



**U Save It Pharmacy - Peach Valley**

2310 Chesnee Hwy,  
Spartanburg, SC 29303

P: 864-577-0087 F:864-577-0599

**PEACH VALLEY**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Corns/ Callouses:**

Salicylic Acid 40% Topical Ointment

Salicylic Acid 20%/ Menthol 0.1% Topical Cream

Disp:  60gm  90gm  120gm Refills: \_\_\_\_\_

Sig: Apply to corns/callouses UD QD - BID

Salicylic Acid 10%/ Podophyllum 10%/ Trichloroacetic Acid 10% Topical Solution

Disp:  30ml  60ml  Other: \_\_\_\_\_ Refills: \_\_\_\_\_

Sig: Apply to corns/callouses UD QD - BID

**Rough/ Dry Feet:**

Urea 20% Topical

Urea 8% Topical

Urea 20%/ Lactic Acid 5% Topical

Salicylic Acid 5%/ Urea 20% Topical

Salicylic Acid 5%/ Urea 20%/ Ammonium Lactate 12% Topical

Disp: 60gm  90gm  120gm Refills: \_\_\_\_\_

Sig: Apply to affected area(s) UD QD - BID

Custom Compound: \_\_\_\_\_

\_\_\_\_\_

Disp: \_\_\_\_\_

Refills: \_\_\_\_\_

Sig: \_\_\_\_\_

Doctor Name (Printed): \_\_\_\_\_ DEA: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Dispense as Written

\_\_\_\_\_ Substitution Permitted