



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: _____ Telephone: _____
City: _____ State: _____ Zip: _____

Warts: (commonly requested formulas)

- Imiquimod 1%/ Acyclovir 2%/ Deoxy-D-Glucose 0.2%/ EGCg 1%/ Aloe Vera 0.2% Ibuprofen 2% Topical
- Cimetidine 10%/ Fluorouracil 5%/ Deoxy-D-Glucose 2%/ Imiquimod 5% Topical
- Fluorouracil 5%/ Salicylic Acid 15%/ Cimetidine 5% Topical
- Imiquimod 5%/ Deoxy-D-Glucose 0.2% Topical
- Imiquimod 5%/ EGCg 1% Topical
- Imiquimod 5%/ Fluorouracil 5%/ Salicylic Acid 30%/ Tretinoin 0.1% Topical
- Naltrexone HCL 1%/ Deoxy-D-Glucose 0.2%/ EGCg 0.2%/ Cimetidine 15%/ Salicylic Acid 15% Topical
- Salicylic Acid 40% Topical
- Fluorouracil 5%/ Salicylic Acid 6% Topical
- Dinitrochlorobenzene Topical

**may be gel, cream, or ointment*

Disp: 60gm 90gm 120gm Refills: _____
Sig: Apply to wart(s) UD QD - BID

- Salicylic Acid 16.667% Compound Collodion Topical Solution
- Squaric Acid Dibutyl Ester 0.1% Topical Solution
- Diphenylcyclopropenone 0.01% Topical Solution
- Cantharidin Topical Liquid
- Cantharidin Plus Topical Liquid

Disp: 15ml 30ml Refills: _____
Sig: Apply to wart(s) UD QD - BID

Custom Compound: _____
Disp: _____ Refills: _____
Sig: _____

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

Dispense as Written

Substitution Permitted