Walt's Family Pharmacy

(Herolds North)

fax- 843.300.1229

phone 843.628.3330

Order Date_____

Patient_____ **DOB**_____

Pt Tel # _____ **Address**_____

Allegies_____

ITEM
Herolds North Pain Formula

Meloxicam 0.15%
Gabapentin 6%
Lidocaine 5%
Addtional _____

Qty 45gm or 100gm Refills_____

Notes
Please cross out or add ingredients as desired

sig Apply a pea sized amount AA 3-4 x daily for pain

. _____ _____

. ***dispense as written*** ***substiution permitted***

Provider_____

NPI_____

Dea_____