

Patient Name:		DOB:
Phone:	Cell:	
Address:		
City:	State:	Zip:
Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N		

### WOUND CARE

#### Formulas

- PCCA Formula #10997**  
Mupirocin 5% Spira-Wash™ Gel
- PCCA Formula #10298**  
Misoprostol 0.0024%/Metronidazole 2%/Lidocaine HCl 2%  
Spira-Wash™ Gel
- PCCA Formula #11615**  
Gabapentin 300 mg/Ketamine HCl 50 mg/Lidocaine 30  
mg/Prilocaine 30 mg Wound Care Capsules Size #00  
(XyliFos™/LoxaSpere™)
- PCCA Formula #4125**  
Misoprostol 0.0024%/Phenytoin 5%/Metronidazole 2%  
Topical Gel (PF)

#### Other Preparation and Strength

Need something else? Contact one of our Compounding Pharmacists at 801-561-2287.

Sig:	
Qty:	

Prescriber:	Phone:
Signature:	Date:
Prescriber Address:	