Address: Date of Birth: Issue Date:  Rx: Mupirocin 2% ointment (generic)	Patient Name:	First
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Rx:  Mupirocin 2% ointment (generic) Apply to each nostril twice daily Monday-Friday every other week Dispense: Two 22g tubes Refills x 2  Provider's Name:  Last First  Provider's Signature:  OFFICE STAMP HERE  Patient Name:  Last First  Address:  Date of Birth: Issue Date:  Rx:  0.12% chlorhexidine mouthwash Swish (gargle, if you can) 15 cc for 30 seconds then spit out. Use twice daily, Monday-Friday every other week. Dispense: 16oz bottle Refills x 2  Provider's Name:  Last First		
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