

Patient Name: _____
Last First

Address: _____

Date of Birth: _____

Issue Date: _____

Rx:

Mupirocin 2% ointment (generic)

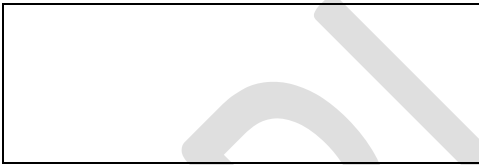
Apply to each nostril twice daily Monday-Friday every other week

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

Provider's Signature: _____



OFFICE STAMP HERE