

Patient Name \_\_\_\_\_

Patient Phone \_\_\_\_\_ DATE \_\_\_\_\_

**R<sub>x</sub> Noble Formula compounded w/ clobetasol to 0.05%**

Sig: BID to affected area x 2 – 3 weeks,  
then weekends only or as directed:

Dispense as written.

#: \_\_\_\_\_ 4oz. Spray or Cream (pt choice)

Ref: # \_\_\_\_\_ 1, 2, 3, 4, prn

PHYSICIAN SIGNATURE \_\_\_\_\_

Physician Name \_\_\_\_\_

DEA# \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone/Fax \_\_\_\_\_

**Fax** to Ontos, Inc. 1.888.469.7953 or 1.360.740.0555  
phone 1.888.469.7546 or 1.360.740.0888 POB 89, Chehalis, WA 98532

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