

Patient Name _____

Patient Phone _____ DATE _____

R_x 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

Patient Name _____

Patient Phone _____ DATE _____

R_x 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