



13110 W Dodge RD Suite B
T - 402-408-0015 - FX - 402-408-0020

www.jkohllrx.com

Compounding Pharmacy

Patient Name: _____ Allergies: _____ Date: _____

Address: _____ Phone #: _____ DOB: _____

Squaric Acid (dibutyl squarate) Prescription Order Form

- _____ Squaric Acid 0.001% Solution (200mL min)
- _____ Squaric Acid 0.01% Solution (20mL min)
- _____ Squaric Acid 0.05% Solution (15mL min)
- _____ Squaric Acid 1% Solution (15mL min)

Qty: _____ mL Refills _____

Sig: _____

Prescriber Signature: _____ Telephone: _____

Prescriber Written Name _____

Prescriber DEA# _____ NPI# _____

Price subject to change without notice - **FAX ORDER TO 402-408-0020**