



PATIENT NAME	PATIENT DOB	# OF VIALS PER PATIENT
Name:	DOB:	QTY:
Name:	DOB:	QTY:
Name:	DOB:	QTY:
Name:	DOB:	QTY:
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Name:	DOB:	QTY:
MITOMYCIN		DMSO
<input type="checkbox"/> Mitomycin 40mg Solution (5mg/mL) <ul style="list-style-type: none"> ● Dispense 8mL Vial ● SIG: Dilute 8mL's mitomycin solution with sterile water to produce final concentration. <p style="text-align: right;">Refills: _____</p>		<input type="checkbox"/> DMSO/Lidocaine 50%/0.5% (W/V) in 50mL <ul style="list-style-type: none"> ● Instill into the bladder as directed. <p style="text-align: right;">Refills: _____</p>
Mitomycin Sterile Water Kit: SIG: Use as directed for dilution of mitomycin <ul style="list-style-type: none"> <input type="checkbox"/> 50mL <input type="checkbox"/> 100mL ● Qty of Kits: _____ 		
SHIP TO ADDRESS:		
PAYMENT: <ul style="list-style-type: none"> <input type="checkbox"/> Practice Pay: Account _____ <input type="checkbox"/> Patient Pay: Patient Phone# _____ 		

Provider Signature: _____ Date: _____

Provider First and Last Name: _____ Phone: _____

Please print your first and last name under your signature to avoid delay in prescription processing