



2026 Babcock Road, Suite # 104 • San Antonio- 78229, TX
Ph : 210.467.5174 • Fax: 210.467.5184
www.AssureRxPharmacy.com

**Faxed prescriptions will only be accepted from a prescribing practitioner.
Patients must bring an original prescription to the pharmacy.**

Hours: Monday-Friday 9:00am-6:00PM



REGRANEX OINTMENT ORDER FORM

Patient Information

Date _____

Patient Name: _____ DOB: _____

Address: _____ Drug Allergies: _____

Drug/Strength: Regranex Ointment

Wound Size: _____ cm X _____ cm

Sig and Quantity Apply a nickel thick (2mm) to wound daily as directed

Drug/Strength: Regranex Bactroban 1:1 Ointment Mix Compound

Wound Size: _____ cm X _____ cm

Sig and Quantity Apply a nickel thick (2mm) to wound daily as directed

Additional Prescription Information

Additional Refills: _____

Comments: _____

Prescriber Signature: _____ **Prescriber Name:** _____

Phone _____ **Fax#:** _____ **NPI#** _____

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