



# Casso's Cream

•Anti-Bacterial  
•Anti-Fungal •Anti-Inflammatory



“No Medicine Cabinet Should Be Without It”

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_ Physician's Fax #: \_\_\_\_\_

\*\*\*\*\*

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient's Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Rx**

**Casso's Cream** 15 gram 30 gram 75 gram

(Circle Size Necessary to Cover Affected Area)

**SIG:** Apply 2 to 3 times a day to affected areas.

(For External Use Only)

# of Refills: \_\_\_\_\_ PRN

Physician's Signature: \_\_\_\_\_