



Plymouth Pharmaceuticals

Date: _____

Patient Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____

Eczemol® NDC# 61480-127-05

300 mg. ORAL Tablets

Tablets a.m. on rising with Water ONLY. Wait 1 hour before eating

REFILL _____ Times _____ PRN _____ NR

Doctor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ DEA# _____

Signature: _____

Patient: You have been given a prescription for Eczemol® to treat eczema. This treatment is a homeopathic medication indicated for the treatment of moderate to severe eczema and atopic dermatitis. It can be used in combination therapies. www.PlymouthPharmaceuticals.com Questions? Call Toll Free 1.800.316.9636 Monday – Friday, 8 am – 5 pm Eastern Standard Time OR email at: rxsales@plymouthpharmaceuticals.com

Pharmacist: See ordering information on reverse side.

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Rx Only Eczemol® NDC# 61480-127-05

Pharmacist: Eczemol® can be ordered from these sources:

AmerisourceBergen: product# 841837
Cardinal Health: (call for drop ship) product# 3712767
McKesson: (call for drop ship) product# 2103877
Plymouth Pharmaceuticals – call 1.800.316.9636

Dosage:

Kg.	Lbs.	Starting- Daily Dosage	Max Daily Dose
5 – 11	11 – 25	¼ Tablet	½ Tablet
12 – 22	26 – 50	½ Tablet	1 Tablet
23 – 45	51 – 100	1 Tablet	2 Tablets
46 – 68	101 – 150	2 Tablets	4 Tablets
69 – 90	151 – 200	3 Tablets	6 Tablets
91 +	201 +	4 Tablets	8 Tablets

Dosing/Prescribing Information available at:
www.PlymouthPharmaceuticals.com

Pharmacist Questions: rxsales@plymouthpharmaceuticals.com
or toll free: 1.800.316.9636
Monday – Friday, 9 am – 6 pm Eastern Standard Time

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Eczemol: PCP#RxE 002-10092014



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