

PATIENT: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

ALLERGIES: _____

DATE: _____ DOB: _____

PHONE: _____

WartPEEL® (2% 5-FU, 17% salicylic acid) in Remedium™
Delivery System.

SIG: Apply once a day following instruction sheet.

DISP: 5gm.

INDICATION: Warts SKs Genital Warts Molluscum

REFILL: _____

SIGNATURE: _____

PRINTED NAME: _____

PHONE: _____

ST. LIC. NO. (REQUIRED): _____

NPI: _____

CLINIC: _____

Prescribers:

Please fax prescriptions to 319.354.6050 or
E-Prescribe following these instructions:
www.wartpeel.com/eprescribing

Wartpeel[®]
(Patented Compounded 5Fu, sal acid)

**WartPEEL treats the
following conditions**

(check condition(s) that apply):

- warts
- genital warts
- seborrheic keratosis
- molluscum



1900 James Street, Ste. 10
Coralville, IA 52241
Ph: 319-354-6006
Hours:
Mon-Fri: 9 AM-5:30 PM CST

Patients:

You have been prescribed a compounded medication from
Medicap Pharmacy. They will be in touch with you soon in
regards to your prescription.

How it works:

1. Patient will receive a text or email once the pharmacy processes the prescription.
2. A link will be provided that will direct the patient to the shopping cart.
3. Patient answers necessary medical questions, watches educational video, and selects mail-out option.
4. Patient then completes the payment process. Major credit cards and FSA/HSA payment methods are accepted!



Patient instructions can be found
at wartpeel.com/for-patients.
Scan the QR code to quickly find
written and video instructions for
the condition you are using
WartPEEL to treat.