

**R**FOR *Miss Smith*DATE *2/22/19*

ADDRESS \_\_\_\_\_

*Pot. Chlorat. ℥i**Dr. Ferric Chlorid. ℥<sup>iii</sup>**Glycerin. ℥<sup>ss</sup>**Aq. Pur. q.s. ℥<sup>iv</sup>**Mist S. ℥i q 2 hrs.*

copy 32380

FULL NAME \_\_\_\_\_

*Flippin*

M. D.

I. W. WEST DRUG CO.

OFFICE ADDRESS \_\_\_\_\_

MAIN STREET

MT. AIRY, NORTH CAROLINA

REG. NO. \_\_\_\_\_