

FORM 2192
LOUIS C. KILPATRICK, M.D.
INTERNAL MEDICINE
609 - THIRD STREET NAGARA FALLS, N.Y.

Name _____ Age 1/30/69
 Address _____ Date 1/30/69

R I have used Myptelen
 F in pt's prone to
 superimposed fungal
 & candidal infections

L.B. Kram M.D.

REFILL INSTRUCTIONS

WILLIAM W. TILSON, M.D.
740 MAIN ST. NAGARA FALLS, N.Y.

NAME _____ Age 1/30/69
 ADDRESS _____ DATE 1/30/69

R I wish to say concern —
 I have used Myptelen F
 on selected patients for past
 5 years. I have found it
 effective in selected cases,
 mainly elderly, diabetic and
 debilitated patients

W. W. Tilson M.D.

REFILL INSTRUCTIONS