



Skin Lightening Cream

For All Types of Skin!

All Photos Are Actual Patient Results



Before



After 2 Months

S.T. - Farmington Hills, MI



Before



After 2 Months

T.B. - Farmington, MI

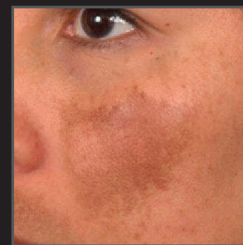


Before

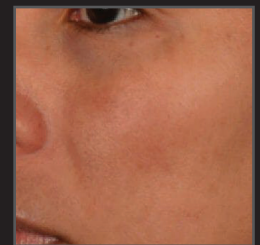


After 1 Month

S.B. - Detroit, MI



Before



After 2 Months

N.J. - Dearborn, MI

#1 Cream for the Treatment of Dark Spots in the USA!



**Formula 21
Skin Lightening Cream**

30gm

\$59.00



Easy-to-Use

Apply to affected areas
(dark spots) 30 min.
before bedtime.

Skin Lightening Cream

For All Types of Skin!

- ✓ Can be used for face and body
- ✓ Custom made for each patient
- ✓ Non-sticky formula
- ✓ Dries in minutes
- ✓ Dose is easily adjustable

Formula 21 Skin Lightening Cream contains 3 powerful ingredients that work together.

Active Ingredients	Mechanism of Action/Purpose
1. Hydroquinone (Rx only)	This is a depigmenting agent used to lighten areas of darkened skin such as freckles, age spots, chloasma, and melisma caused by pregnancy, birth control pills, hormone medicine, or injury to the skin. Hydroquinone decreases the formation of melanin in the skin.
2. Tretinoin (Rx only)	Used to treat fine wrinkles, dark spots, or rough skin on the face caused by the damaging rays of the sun. It works by lightening the skin, replacing older skin with newer skin, and slowing down the way the body removes skin cells that may have been harmed by the sun.
3. Desonide (Rx only)	This medication is used to treat a variety of skin conditions (e.g., eczema, dermatitis, allergies, rash). Desonide reduces the swelling, itching and redness that can occur in these types of conditions.

Get Started Today!

- Simply print out the attached Rx order form and take it to your doctor.
- Doctor to complete and sign Rx.
- Doctor to fax Rx to (877) 791-7779.
- We will ship Formula 21 Skin Lightening Cream to your home.

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PH: (855) 246-6338

Please Fax to:
(877) 791-7779

Skin Lightening Cream Prescription Order Form

Free Delivery!

Prescription Order Form

Patient Information:

PLEASE FAX Patient Demographic Sheet & Prescription Insurance Card if available.

FIRST NAME:	LAST NAME:	DATE OF BIRTH:
PRIMARY PHONE #: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	SECONDARY PHONE #: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	LAST 4 DIGITS OF SSN:
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA

Rx Medication Order:

Pharmacist Please Compound:

Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.

Rx **Formula 21**
Tretinoin 0.05%
Desonide 0.05%
Hydroquinone: 3% 4% 6% 8%
or _____
QTY: 30gm/\$59 60gm/\$89
SIG: Apply to affected areas (dark spots)
30 min. before bedtime.

Refills: _____

Notes:

Prescriber Information:

PRESCRIBER'S SIGNATURE:	
PRESCRIBER NAME (PRINT):	
NPI# or DEA# (CTP# for CNPs only):	DATE:

Contact Information:

ADDRESS:		
CITY:	STATE:	ZIP:
PHONE #:	FAX #:	

* Aids in relieving the symptoms of these conditions and specialties.
The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. Nothing herein is intended to replace the independent judgement of a licensed professional. This form is proprietary of BioMed Pharmacy and is only intended for use between provider and patient. Any unauthorized use could result in legal action. This facsimile transmission is intended to be delivered to the named addressee and may contain information that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and/or telephone number set forth herein and obtain instructions as to the disposal of the transmitted material. In no event should such material be read or retained by anyone other than the addressee, except by express authority of the sender to the named addressee. FDA does not review compounded medication for safety or efficacy.

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