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 27 Scar Gel to your home.**

BioMed SPECIALTY PHARMACY®

PH: (855) 246-6338

Please Fax to: (877) 791-7779

Hair Loss Treatment 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 #: ☐ CELL ☐ HOME ☐ WORK	SECONDARY PHONE #: ☐ CELL ☐ HOME ☐ WORK	LAST 4 DIGITS OF SSN:
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES: (If no allergies please check the NKDA box) ☐ 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 27 Scar Gel**

Tamoxifen citrate 0.2%
Lipoic Acid 5%
in PracaSil™-Plus scar gel

QTY: ☐ 30gm/$85 ☐ 60gm/$149

SIG: Apply 1-2gm topically to scar daily.

ADD: ☐ Lidocaine 5%

Refills: _____

☐ **Formula 27-S Scar Gel**

Tamoxifen citrate 0.2%
Lipoic Acid 5%
Betamethasone val 0.1%
in PracaSil™-Plus scar gel

QTY: ☐ 30gm/$95 ☐ 60gm/$169

SIG: Apply 1-2gm topically to scar daily.

ADD: ☐ Lidocaine 5%

Refills: _____

Notes:

For studies on PracaSil™-Plus scar gel visit https://elitemedicalplus.com/casestudies

Prescriber Information:		**Contact Information:**		
PRESCRIBER'S SIGNATURE:		ADDRESS:		
PRESCRIBER NAME (PRINT):		CITY:	STATE:	ZIP:
NPI# or DEA# (CTP# for CNPs only):	DATE:	PHONE #:	FAX #:	

*** Aids in relieving the symptoms of these conditions and specialties.**

FDA does not review compounded medication for safety or efficacy.

Attention Ohio Prescribers: This order form cannot be used to issue a prescription order for any Ohio resident. In lieu, you may call in a prescription by phone or submit your own form via fax.