

ONYCHOMYCOSIS

Prescription Order Form

Please Fax to:
(877) 791-7779**Patient Information:** PLEASE FAX with Patient Demographic Sheet & Rx Insurance Card

REQUIRED	FIRST NAME:	LAST NAME:	Additional Info	ADDRESS:	
	PRIMARY PH #:	SECOND PH #:		CITY, STATE, ZIP:	
	DATE OF BIRTH:	ALLERGIES:		EMAIL ADDRESS:	LAST 4 DIGITS OF SSN:

Rx Medication Order: Pharmacist Please Compound:*Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.* # Formula X11

Itraconazole 1% +

Quantity: 15mL/\$39 30mL/\$59

Terbinafine HCl 2% +

Sig: Apply to affected nail(s) at bedtime, let air dry for 2 minutes.

Ibuprofen 2%

in DMSO polish

Refills: _____

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 Specialty 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 obtains 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.BMSf_ONMY04
040122**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.**