

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.

<p>* Hair Regrowth - Male</p> <p><input type="checkbox"/> RogaMax™ (formerly known as HS)</p> <p>Minoxidil 10% (Rogaine) Azelaic acid 2% Ketoconazole 2% Tea Tree oil 0.25% Finasteride 0.25% (Propecia)</p> <p>QTY: <input type="checkbox"/> 100ml/\$94 <input type="checkbox"/> 200ml/\$154</p> <p>Refills: _____</p> <p>SIG: Apply 20-30 drops daily into scalp area of hair loss (1-2 hours) before bedtime.</p>	<p>* Hair Regrowth - Female</p> <p><input type="checkbox"/> #Formula H6 for Women</p> <p>Minoxidil 10% (Rogaine) Azelaic acid 2% Ketoconazole 2% Tea Tree oil 0.25% Finasteride 0.1% (Propecia) Progesterone 1%</p> <p>QTY: <input type="checkbox"/> 100ml/\$100 <input type="checkbox"/> 200ml/\$164</p> <p>Refills: _____</p> <p>SIG: Apply 20-30 drops daily into scalp area of hair loss (1-2 hours) before bedtime.</p>	<p>* Nail Fungus</p> <p><input type="checkbox"/> # Formula X10 (formerly known as CF-1)</p> <p>Urea 40% + Salicylic acid 10% + Ibuprofen 2% + Ketoconazole 2% + Tea Tree oil 0.5%</p> <p>QTY: 10ml/\$54</p> <p>Refills: _____</p> <p>SIG: Apply to affected nail(s) at bedtime, let air dry for 2 minutes.</p>	<p>* Nail Fungus</p> <p><input type="checkbox"/> # Formula X11 (formerly known as TIC)</p> <p>Itraconazole 1% + Terbinafine HCl 2% + Ibuprofen 2% in DMSO polish</p> <p>QTY: <input type="checkbox"/> 15ml/\$44 <input type="checkbox"/> 30ml/\$64</p> <p>Refills: _____</p> <p>SIG: Apply to affected nail(s) at bedtime, let air dry for 2 minutes.</p>
<p>* Skin Lightening</p> <p><input type="checkbox"/> # 21. Formula</p> <p>Tretinoin 0.05% Desonide 0.05% Hydroquinone: <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 6% <input type="checkbox"/> 8% or _____</p> <p>QTY: <input type="checkbox"/> 30gm/\$64 <input type="checkbox"/> 60gm/\$94</p> <p>Refills: _____</p> <p>SIG: Apply to affected areas (dark spots) 30 min. before bedtime</p>	<p>* Skin Lightening</p> <p><input type="checkbox"/> # 21D. Formula</p> <p>Desonide 0.05% Hydroquinone: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% or _____</p> <p>QTY: <input type="checkbox"/> 30gm/\$54 <input type="checkbox"/> 60gm/\$70</p> <p>Refills: _____</p> <p>SIG: Apply to affected areas (dark spots) 30 min. before bedtime</p>	<p>* Pain</p> <p><input type="checkbox"/> # 5. Formula</p> <p>Diclofenac sod 3% Gabapentin 6% Lidocaine 2% + Prilocaine HCl 2%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p>* Hyperhidrosis</p> <p><input type="checkbox"/> # 17. Formula</p> <p>Glycopyrrolate solution</p> <p>Amount: <input type="checkbox"/> 0.5% <input type="checkbox"/> 1% <input type="checkbox"/> 2%</p> <p>QTY (ml): <input type="checkbox"/> 60 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p>SIG: Apply 2 sprays to each affected area 2-3 times daily</p>

Rx (notes):

QTY: _____

SIG: _____

Refills: _____

See Reverse Side for More Rx Options! 

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. 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.

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Rx Medication Order:		Pharmacist Please Compound:		<i>Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.</i>	
<p>* Wound Care</p> <p><input type="checkbox"/> # 14. Formula</p> <p>Mupirocin 2% ointment Silver Sulfadiazine 1% cream Metronidazole 0.75% cream (1:2:1)</p> <p>QTY: <input type="checkbox"/> 120gm/\$74 <input type="checkbox"/> 240gm/\$134</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Apply 2-4gm topically to affected area BID</p>	<p>* Wound Care</p> <p><input type="checkbox"/> # 144B. Formula</p> <p>Vancomycin HCl 1% Gentamicin sulfate 0.1% Mupirocin 0.5% Metronidazole 0.5%</p> <p>QTY: <input type="checkbox"/> 60gm/\$104</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area BID</p>	<p>* Scar & Keloid</p> <p><input type="checkbox"/> Formula 27 Scar Gel</p> <p>Tamoxifen citrate 0.2% Lipoic Acid 5% in PracaSil™-Plus scar gel</p> <p>ADD: <input type="checkbox"/> Lidocaine 5%</p> <p>QTY: <input type="checkbox"/> 30gm/\$59 <input type="checkbox"/> 60gm/\$99</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Apply 1-2gm topically to scar daily.</p>	<p>* Scar & Keloid</p> <p><input type="checkbox"/> Formula 27-S Scar Gel</p> <p>Tamoxifen citrate 0.2% Lipoic Acid 5% Betamethasone val 0.1% in PracaSil™-Plus scar gel</p> <p>ADD: <input type="checkbox"/> Lidocaine 5%</p> <p>QTY: <input type="checkbox"/> 30gm/\$65 <input type="checkbox"/> 60gm/\$119</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Apply 1-2gm topically to scar daily.</p>		
<p>* Psoriasis * Eczema</p> <p><input type="checkbox"/> # 223. Formula</p> <p>Coal tar (LCD) 10% QSAD Triamcinolone 0.1% ointment</p> <p>QTY: <input type="checkbox"/> 240gm/\$79 <input type="checkbox"/> 480gm/\$134</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Apply 2-4gm topically to affected area QID</p>	<p>* Eczema</p> <p><input type="checkbox"/> # 22. Formula</p> <p>Hydrocortisone 2.5% Urea 10% in Aquaphor</p> <p>QTY (gm): <input type="checkbox"/> 240/\$64 <input type="checkbox"/> 480/\$94</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Apply 4-8gm to body QD below neck after bathing</p>	<p>* Numbing Cream</p> <p><input type="checkbox"/> # 29BLT. Formula</p> <p>Benzocaine 20% Lidocaine 6% Tetracaine 4%</p> <p>QTY: <input type="checkbox"/> 30gm/\$40 <input type="checkbox"/> 60gm/\$60</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Apply 2-4gm as directed by physician</p>	<p>* Numbing Cream</p> <p><input type="checkbox"/> # BLT Cream Formula</p> <p>Choose strength:</p> <p><input type="checkbox"/> Benzocaine 20% + Lidocaine 6% + Tetracaine 4%</p> <p><input type="checkbox"/> Benzocaine 20% + Lidocaine 8% + Tetracaine 4%</p> <p><input type="checkbox"/> Benzocaine 20% + Lidocaine 10% + Tetracaine 4%</p> <p><input type="checkbox"/> Benzocaine 20% + Lidocaine 23% + Tetracaine 7%</p> <p>QTY: <input type="checkbox"/> 30gm/\$40 <input type="checkbox"/> 60gm/\$60 <input type="checkbox"/> 90gm/\$85</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Apply 2-4gm as directed by physician 30 minutes before procedure</p>		
<p>* Anti-wrinkle</p> <p><input type="checkbox"/> # 77. Formula</p> <p>Tretinoin 0.05% Niacinamide 2% + Vitamin C 5% Vitamin E acetate 2%</p> <p>QTY: <input type="checkbox"/> 60gm/\$84 <input type="checkbox"/> 120gm/\$134</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Apply 0.5-1gm daily 1 hour before bedtime.</p>	<p>* Anti-aging * Anti-wrinkle</p> <p><input type="checkbox"/> # R7. Formula</p> <p>Ascorbic acid 10% Azelaic acid 5% Alpha Lipoic acid 1% Estriol 0.1% Progesterone 2%</p> <p>QTY: <input type="checkbox"/> 60gm/\$70 <input type="checkbox"/> 120gm/\$104</p> <p style="text-align: right;">Refills: _____</p> <p>SIG: Wash face, dry and apply daily at bedtime</p>	<p>Rx (notes):</p> <p>QTY:</p> <p>SIG:</p> <p style="text-align: right;">Refills: _____</p>			

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