

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:		<i>Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.</i>	
<p>* Mild Inflammatory Pain * Mild Neuropathic Pain</p> <p><input type="checkbox"/> # 5. Formula</p> <p>Diclofenac sodium 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>* Moderate Inflammatory Pain * Moderate Neuropathic Pain</p> <p><input type="checkbox"/> # 5C. Formula</p> <p>Clonidine HCl 0.2% + Diclofenac sod 5% Gabapentin 6% + Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Magnesium chloride 3% Lidocaine 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>* Severe Inflammatory Pain * Severe Neuropathic Pain</p> <p><input type="checkbox"/> # 5U. Formula</p> <p>Ketamine HCl 5% + Diclofenac sod 5% Gabapentin 6% + Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Magnesium chloride 3% Lidocaine 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>* Severe Inflammatory Pain * Severe Neuropathic Pain</p> <p><input type="checkbox"/> # 3. Formula</p> <p>Ketamine HCl 10% + Gabapentin 6% Amitriptyline HCl 2% + Baclofen 2% Cyclobenzaprine HCl 2% Diclofenac sodium 3% Lidocaine 5%</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>* 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>* Deep Tissue Pain</p> <p><input type="checkbox"/> # 8D. Formula</p> <p>Diclofenac sod 3% DMSO 10% + Gabapentin 6% Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Lidocaine 4%</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>		

Rx (notes):

Refills: _____

See Reverse Side for More Rx Options!



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* 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 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.

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.

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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>* Vaginitis</p> <p><input type="checkbox"/> Recurrent Vaginal Candida</p> <p>Boric Acid 600mg Vaginal Suppository</p> <p>QTY: <input type="checkbox"/> 14 supp/\$48 <input type="checkbox"/> 28 supp/\$69</p> <p>SIG: Insert 1 suppository vaginally daily.</p> <p>Refills: _____</p>	<p>* Intimacy</p> <p><input type="checkbox"/> Viagra Cream (climax cream)</p> <p>Sildenafil Citrate 1% Cream</p> <p>QTY: <input type="checkbox"/> 5gm/\$50 <input type="checkbox"/> 10gm/\$70 <input type="checkbox"/> 15gm/\$90</p> <p>SIG: Apply 1 click (0.25gm) to clitoris 15 to 20 minutes prior to intercourse (Massaging gently with fingertip into area between urine opening and clitoris, then directly on clitoral head and shaft. Gently spread remainder around inside of labia surrounding vaginal entrance).</p> <p>Refills: _____</p>	<p><input type="checkbox"/> Compounded Progesterone Capsules</p> <p>Dose: 50mg</p> <p>QTY: 60 caps/\$59</p> <p>SIG: Take 1 cap at bedtime to relieve insomnia.</p> <p>Refills: _____</p>	<p><input type="checkbox"/> Progesterone Cream</p> <p>Dose: 30mg/gm</p> <p>QTY: 60gm/\$59</p> <p>SIG: Apply 1gm to inner arm, thigh or lower abdomen QD (rotate sites).</p> <p>NOTE: Medications will be combined into a single cream unless otherwise requested.</p> <p>Refills: _____</p>		

*Rph: please compound the Rx order free of any gluten, casein, dyes, sulfates and parabens.

<p><input type="checkbox"/> # 31 Formula Testosterone*</p> <p>Select Strength (per gram of base):</p> <p><input type="checkbox"/> 25mg (2.5%) <input type="checkbox"/> 50mg (5%) <input type="checkbox"/> 75mg (7.5%) <input type="checkbox"/> 100mg (10%) <input type="checkbox"/> 125mg (12.5%) <input type="checkbox"/> 150mg (15%) <input type="checkbox"/> Other: _____</p> <p>Select Base:</p> <p><input type="checkbox"/> Cream <input type="checkbox"/> Gel</p>	<p>Directions: _____</p> <p>Select Quantity:</p> <p><input type="checkbox"/> 30gm (thirty grams) <input type="checkbox"/> 60gm (sixty grams) <input type="checkbox"/> 90gm (ninety grams) <input type="checkbox"/> Other : _____</p> <p>Refills: _____</p>
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<p>* Erectile Dysfunction</p> <p><input type="checkbox"/> Viagra <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg</p> <p>QTY: <input type="checkbox"/> 10 tablets/\$30 QTY: <input type="checkbox"/> 20 tablets/\$45</p> <p>Refills: _____</p>	<p><input type="checkbox"/> Cialis <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg</p> <p>QTY: <input type="checkbox"/> 10 tablets/\$35 QTY: <input type="checkbox"/> 20 tablets/\$55</p> <p>Refills: _____</p>	<p>SIG: Take 1 tablet 30 minutes to one hour before activity.</p>
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<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: 60gm/\$104</p> <p>SIG: Apply 1-2gm topically to affected area BID</p> <p>Refills: _____</p>	<p>* Scar and 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>SIG: Apply 1-2gm topically to scar daily.</p> <p>Refills: _____</p>	<p>* Scar and 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>SIG: Apply 1-2gm topically to scar daily.</p> <p>Refills: _____</p>	<p>Rx (notes):</p> <p>Refills: _____</p>
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