

# Hair Regrowth Treatment

**RogaMax™** for Men  
HAIR REGROWTH TREATMENT



## Real Patient Results



Before



After 3 Months

N.K. - Ann Arbor, MI



Before



After 3 Months

J.P. - Southfield, MI

## 50% More Hair in 3 Months!

- ✓ Results as early as 4-6 weeks
- ✓ Easily applied to the scalp
- ✓ Minimal to no side effects
- ✓ 100% money back guarantee if no results



Before



After 2 Months

S.R. - Farmington, MI



Before



After 4 Months

M.S. - Dearborn, MI



Before



After 2 Months

B.T. - Detroit, MI



**RogoMax** for Men  
HAIR REGROWTH TREATMENT

100ml - One Month Supply

**\$94.00**



**Easy-to-Use Drops**

Simply apply 20-30 drops to scalp area of hair loss daily (1-2 hours) before bedtime.

**The only hair growth formulation that contains 5 powerful ingredients that work together to help grow fuller, thicker and healthier hair.**

Active Ingredients	Mechanism of Action/Purpose
1. Minoxidil 10% (active ingredient in Rogaine)	Widens blood vessels and opens potassium channels, this allows more oxygen, blood, and nutrients to the hair follicles.
2. Finasteride 0.25% (active ingredient in Propecia)	Blocks the action of an enzyme called 5-alpha-reductase (5AR). This enzyme changes testosterone to another hormone called dihydrotestosterone (DHT) that causes hair loss in males.
3. Azelac acid 2%	Works by inhibiting the enzyme known as (5AR)
4. Ketoconazole 2%	By inhibiting 5AR, the enzyme that converts testosterone to DHT.
5. Tea tree oil 0.25%	Keeps hair healthy and moisturized, which can help it grow at its normal rate and prevent it from falling out.

**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 **RogoMax** to your home.

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- We will ship *RogaMax* to your home.



Hair Loss Treatment Prescription Order Form

Free Delivery!

PH: (855) 246-6338

Please Fax to:  
(877) 791-7779

## 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

**RogaMax**™  
HAIR REGROWTH TREATMENT for Male

Minoxidil 10% (Rogaine)

QTY:  100ml/\$94  200ml/\$154

Azelaic acid 2%

SIG: Apply 20-30 drops daily into scalp area of hair loss (1-2 hours) before bedtime.

Ketoconazole 2%

Tea Tree oil 0.25%

Finasteride 0.25% (Propecia)

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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