

<b>Patient Information:</b> PLEASE FAX Patient Demographic Sheet		
PATIENT NAME:	DOB:	
PRIMARY PHONE #:	2ND PHONE #:	
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA

<b>Rx Medication Order:</b>	Pharmacist Please Compound:
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<b>Rx # H5. Formula</b> Minoxidil 10% (Rogaine) Azelaic acid 2% Ketoconazole 2% Tea Tree oil 0.25% Finasteride 0.25% (Propecia) QTY: <input type="checkbox"/> 100ml/\$89 <input type="checkbox"/> 200ml/\$149 SIG: Apply 20-30 drops daily into scalp area of hair loss Refills: _____
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<b>Rx (notes):</b>          Refill: _____	<b>\$15 OFF</b> any compounded prescription order on this form of \$50 or more! <small>PRESCRIBER: Please mention this coupon to the patient. BioMed's customer service will apply this coupon discount to</small> <b>Coupon Code: DERM100</b> <small>Coupon code is only good for 1 time use. Maximum 1 coupon per patient. Expiration 03/31/20</small> <input type="checkbox"/> <b>Prescriber check box to apply coupon.</b>
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<b>Prescriber Information:</b>	
PRESCRIBER'S SIGNATURE:	
NPI# or DEA# (CTP# for CNPs only):	DATE:
ADDRESS, CITY, STATE, ZIP:	
PHONE #:	FAX #:

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## Patient Information Sheet

(Provider, please hand this sheet to the patient.)

Dear Patient,

We have sent your special order prescription to BioMed Specialty Pharmacy to be compounded.

BioMed Specialty Pharmacy will call you within 24-48 hours from the phone number (855) 246-6338.

If you don't hear from them within 24-48 hours please call them back at (855) 246-6338.

BioMed's business hours are Monday-Friday 8am-6pm.

### What information does BioMed need?



- Your Driver's License or State Issued ID number
- A credit card to secure payment
- Any allergies to any medications

biomedrelief.com

Ph: 855. 246. 6338

info@biomedpharmacy.com