

Free Delivery to All 50 States!

PH: (855) 246-6338

Please Fax to:

(877) 791-7779

	Train 200	3 Hearment Tesemphon Order Form
		SE FAX Patient Demographic Sheet
PATIENT NAME: DOB:		
PRIMARY F	PHONE #:	2ND PHONE #:
ADDRESS:		CITY, STATE, ZIP: ALLERGIES: (If no allergies please check the NKDA box) NKDA
Rx Medication Order: Pharmacist Please Compound:		
Rx	# H5. Form	ula
	Minoxidil 10%	(Rogaine)
	Azelaic acid 2	
	Ketoconazole	
Tea Tree oil 0.25%		
Finasteride 0.25% (Propecia)		
	QTY: 100m	·
SIG: Apply 20-30 drops daily into scalp area of hair loss Refills:		
		Retills:
Rx (notes	s):	R \$15 OFF any compounded
		prescription order on this form of
		\$50 or more!
		PRESCRIBER: Please mention this coupon to the patient. BioMed's customer
		service will apply this coupon discount to Coupon Code: DERM100
		Coupon code is only good for 1 time use. Maximum 1 coupon per patient. Expiration 03/31/20
	Refill:	The state of the s
Prescr	iber Information	on:
PRESCRIBER'S SIGNATURE:		
NPI# or DEA# (CTP# for CNPs only): DATE:		
ADDRESS, CITY, STATE, ZIP:		
PHONE #:		FAX #:

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 names 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.

H5RX 010220

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













