



**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:

**Rx Medication Order:** Pharmacist Please Compound:

<p><b>* Wart Treatment</b></p> <p><input type="checkbox"/> # 35 Formula</p> <p>Cantharidin 0.7% topical liquid Podophyllum 2% Salicylic acid 30%</p> <p>QTY: <input type="checkbox"/> 2mL/\$49 (2-3 month supply) <input type="checkbox"/> 5mL/\$89 (4-6 months supply)</p> <p>Refills: _____</p> <p><b>SIG:</b> To be applied by a medical provider only. Bring to your physicians office for physician administration only.</p>	<p><b>* Wart Treatment</b></p> <p><input type="checkbox"/> # 32 Formula</p> <p>Cantharidin 0.7% topical liquid</p> <p>QTY: <input type="checkbox"/> 2mL/\$39 (2-3 month supply) <input type="checkbox"/> 5mL/\$79 (4-6 months supply)</p> <p>Refills: _____</p> <p><b>SIG:</b> To be applied by a medical provider only. Bring to your physicians office for physician administration only.</p>	<p><b>* Hair Loss - Male</b></p> <p><input type="checkbox"/> #Formula H5 for Men</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/\$89 <input type="checkbox"/> 200ml/\$149</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 20-30 drops daily into scalp area of hair loss (1-2 hours) before bedtime.</p>	<p><b>* Hair Loss - Female</b></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/\$95 <input type="checkbox"/> 200ml/\$159</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 20-30 drops daily into scalp area of hair loss (1-2 hours) before bedtime.</p>
<p><b>* Wart Treatment</b></p> <p><input type="checkbox"/> # Formula X5 <i>(formerly known as 15-L)</i></p> <p>Salicylic acid 60% + Cimetidine 5% + Trichloroacetic acid 1% + Ibuprofen 2%</p> <p>QTY (gm): <input type="checkbox"/> 25/\$39 <input type="checkbox"/> 50/\$49 <input type="checkbox"/> 75/\$59</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 1-2 grams to affected area 1-2 times daily</p>	<p><b>* Nail Fungus</b></p> <p><input type="checkbox"/> # Formula X10 <i>(formerly known as CF-1)</i></p> <p>Urea 40% + Salicylic acid 10% + Ibuprofen 2% + Ketoconazole 2% + Tea Tree oil 0.5%</p> <p>QTY: 10ml/\$39</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply to affected nail(s) at bedtime, let air dry for 2 minutes.</p>	<p><b>* Skin Lightening</b></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/\$59 <input type="checkbox"/> 60gm/\$89</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply to affected areas (dark spots) 30 min. before bedtime</p>	<p><b>* Numbing Cream</b></p> <p><input type="checkbox"/> # 29BLT. Formula</p> <p>Benzocaine 20% Lidocaine 6% Tetracaine 4%</p> <p>QTY: <input type="checkbox"/> 30gm/\$35 <input type="checkbox"/> 60gm/\$55</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 2-4gm as directed by physician</p>
<p><b>* Pain</b></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><b>SIG:</b> Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Anti-wrinkle</b></p> <p><input type="checkbox"/> # 77. Formula</p> <p>Tretinoin 0.05% + Kojic acid 2% Niacinamide 2% + Vitamin C 5% Vitamin E acetate 2%</p> <p>QTY: <input type="checkbox"/> 60gm/\$79 <input type="checkbox"/> 120gm/\$129</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 0.5-1gm daily 1 hour before bedtime.</p>	<p><b>* Anti-aging * Anti-wrinkle</b></p> <p><input type="checkbox"/> # R7. Formula</p> <p>Ascorbic acid 10% Azelaic acid 5% Alpha Lipoic acid 1% Estrilol 0.1% Progesterone 2%</p> <p>QTY: <input type="checkbox"/> 60gm/\$65 <input type="checkbox"/> 120gm/\$99</p> <p>Refills: _____</p> <p><b>SIG:</b> Wash face, dry and apply daily at bedtime</p>	<p><b>(OPTIONAL) ADDITIONAL INSTRUCTIONS or COMPOUNDS:</b></p> <p><input type="checkbox"/> Clicker (\$6 extra per clicker)</p>

\*Price Disclaimer: Prices may change without notice due to price fluctuations of raw materials.

*Additional Formulas are available. Please contact the Pharmacist at (855) 246-6338.*

**Prescriber Information:**

PRESCRIBER'S SIGNATURE: \_\_\_\_\_

PRESCRIBER NAME (PRINT): \_\_\_\_\_

NPI# or DEA# (CTP# for CNPs only): \_\_\_\_\_ DATE: \_\_\_\_\_

**Contact Information:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_