

Prescription Order Form

Patient Information:		PLEASE FAX with Patient Demographic Sheet & Rx Insurance Card	
REQUIRED	FIRST NAME:	LAST NAME:	Additional Info
	PRIMARY PH #:	SECOND PH #:	
	DATE OF BIRTH:		
	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA		
		ADDRESS:	
		CITY, STATE, ZIP:	
		EMAIL ADDRESS:	
		DRIVER'S LICENSE OR STATE ID #	

Rx Medication Order: Pharmacist Please Compound: *Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.*

LACTATION:	VAGINITIS:	PAIN MANAGEMENT		
<input type="checkbox"/> Sore & Cracked Nipples from Nursing Mupirocin 2% Oint + Betamethasone 0.1% Oint + Nystatin 100,000 u/gm Oint + Clotrimazole 2% Cream (in equal parts) SIG: Apply sparingly to nipple after each feeding (max 8 applications per day). Do not rinse off. QTY: 60gm <input type="checkbox"/> 60gm: \$55 Refill: 5	<input type="checkbox"/> Dr. Newman's Nipple Ointment Mupirocin 2% + Betamethasone valerate 0.1% + Clotrimazole 2% Ointment SIG: Apply sparingly to nipple after each feeding (max 8 applications per day). Do not rinse off. QTY: 60gm <input type="checkbox"/> 60 gm: \$49 Refills: 5	<input type="checkbox"/> Recurrent Vaginal Candida Boric Acid 600mg Vaginal Suppository SIG: Insert 1 suppository vaginally daily QTY: <input type="checkbox"/> 14 supp <input type="checkbox"/> 28 supp <input type="checkbox"/> 14 supp: \$28 <input type="checkbox"/> 28 supp: \$49 Refill: 5	<input type="checkbox"/> Vulvodynia Amitriptyline HCl 2% + Baclofen 2% + Gabapentin 5% Vaginal Cream <input type="checkbox"/> add Lidocaine 5% SIG: Use 0.5gm on vulva up to 3 times daily QTY: 30gm <input type="checkbox"/> 30 gm: \$44 Refill: 5	<input type="checkbox"/> Interstitial Cystitis Diazepam Vaginal Suppositories DOSE: <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg SIG: Insert 1 suppository vaginally every 4-6 hours PRN QTY: 30 each (Thirty) <input type="checkbox"/> 30 ea: \$41 Refill: 5

INTIMACY:	SCAR & KELOID:		
<input type="checkbox"/> Climax Cream Sildenafil Citrate 1% Cream 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). QTY: <input type="checkbox"/> 5gm <input type="checkbox"/> 10gm <input type="checkbox"/> 15gm <input type="checkbox"/> 5gm: \$40 <input type="checkbox"/> 10gm: \$60 <input type="checkbox"/> 15gm: \$90 Refill: 5	<input type="checkbox"/> Testosterone Transdermal Cream Testosterone 2mg/gm Transdermal HRT Cream SIG: Apply 1 gm to inner arm, thigh or lower abdomen daily (rotate sites) QTY: 30gm Refills: 5 <input type="checkbox"/> 30gm: \$50	<input type="checkbox"/> Formula 27 Scar Gel Tamoxifen citrate 0.2% Lipoic Acid 5% in PracaSil™-Plus scar gel SIG: Apply 1-2gm topically to scar daily. ADD: <input type="checkbox"/> Lidocaine 5% QTY: <input type="checkbox"/> 30gm <input type="checkbox"/> 60gm Refills: _____	<input type="checkbox"/> Formula 27-S Scar Gel Tamoxifen citrate 0.2% Lipoic Acid 5% Betamethasone val 0.1% in PracaSil™-Plus scar gel SIG: Apply 1-2gm topically to scar daily. ADD: <input type="checkbox"/> Lidocaine 5% QTY: <input type="checkbox"/> 30gm <input type="checkbox"/> 60gm Refills: _____

(OPTIONAL) ADDITIONAL NOTES:	We also have Compounded Formulas for: <ul style="list-style-type: none"> • Vaginal Atrophy • Male Hormone Replacement Therapy • Many other conditions
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Prescriber Information:	Contact Information:
PREScriBER'S SIGNATURE:	ADDRESS:
PREScriBER NAME (PRINT):	CITY: STATE: ZIP:
NPI# or DEA# (CTP# for CNPs only): DATE:	PHONE #: FAX #: