

Patient Information: PLEASE FAX Patient Demographic Sheet & Prescription Insurance Card if available.

FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____

PRIMARY PHONE #: CELL HOME WORK SECONDARY PHONE #: CELL HOME WORK LAST 4 DIGITS OF SSN: _____

ADDRESS: _____ CITY, STATE, ZIP: _____ ALLERGIES: (If no allergies please check the NKDA box) NKDA

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

*** Wound Care**

Formula # 14

Mupirocin 2% ointment
Silver Sulfadiazine 1% cream
Metronidazole 0.75% cream (1:2:1)

QTY: 120gm/\$74 240gm/\$134

Refills: _____

SIG: Apply 2-4gm topically to affected area BID

*** Wound Care**

Formula # 144B

Vancomycin HCl 1%
Gentamicin sulfate 0.1%
Mupirocin 0.5%
Metronidazole 0.5%

QTY: 60gm/\$104

Refills: _____

SIG: Apply 1-2gm topically to affected area BID

*** Scar & Keloid**

Formula 27 Scar Gel

Tamoxifen citrate 0.2%
Lipoic Acid 5%
in PracaSil™-Plus scar gel

ADD: Lidocaine 5%

QTY: 30gm/\$59 60gm/\$99

Refills: _____

SIG: Apply 1-2gm topically to scar daily.

*** Scar & Keloid**

Formula 27-S Scar Gel

Tamoxifen citrate 0.2%
Lipoic Acid 5%
Betamethasone val 0.1%
in PracaSil™-Plus scar gel

ADD: Lidocaine 5%

QTY: 30gm/\$65 60gm/\$119

Refills: _____

SIG: Apply 1-2gm topically to scar daily.

*** Psoriasis * Eczema**

Formula # 223

Coal tar (LCD) 10%
QSAD Triamcinolone 0.1% ointment

QTY: 240gm/\$79
 480gm/\$134

Refills: _____

SIG: Apply 2-4gm topically to affected area QID

*** Eczema**

Formula # 22

Hydrocortisone 2.5%
Urea 10%
in Aquaphor

QTY (gm): 240/\$64 480/\$94

Refills: _____

SIG: Apply 4-8gm to body QD below neck after bathing

*** Numbing**

BLT Formula (Please check box)

| | Strength | Qty/Price |
|----|--|--|
| 1. | Benzocaine 20% + Lidocaine 6% + Tetracaine 4% | <input type="checkbox"/> 30g/\$44 <input type="checkbox"/> 60g/\$60 <input type="checkbox"/> 90g/\$85 |
| 2. | Benzocaine 20% + Lidocaine 8% + Tetracaine 4% | <input type="checkbox"/> 30g/\$48 <input type="checkbox"/> 60g/\$68 <input type="checkbox"/> 90g/\$95 |
| 3. | Benzocaine 20% + Lidocaine 10% + Tetracaine 4% | <input type="checkbox"/> 30g/\$52 <input type="checkbox"/> 60g/\$78 <input type="checkbox"/> 90g/\$105 |
| 4. | Benzocaine 20% + Lidocaine 23% + Tetracaine 7% | <input type="checkbox"/> 30g/\$60 <input type="checkbox"/> 60g/\$89 <input type="checkbox"/> 90g/\$119 |

SIG: Apply 2-4gm as directed by physician 30 minutes before procedure Refills: _____

*** Anti-wrinkle**

Formula # 77

Tretinoin 0.05%
Niacinamide 2% + Vitamin C 5%
Vitamin E acetate 2%

QTY: 60gm/\$84 120gm/\$134

Refills: _____

SIG: Apply 0.5-1gm daily 1 hour before bedtime.

*** Anti-aging * Anti-wrinkle**

Formula # R7

Ascorbic acid 10%
Azelaic acid 5%
Alpha Lipoic acid 1%
Estriol 0.1%
Progesterone 2%

QTY: 60gm/\$70
 120gm/\$104

Refills: _____

SIG: Wash face, dry and apply daily at bedtime

*** Numbing**

Formula # 29BLT

Benzocaine 20%
Lidocaine 6%
Tetracaine 4%

QTY: 30gm/\$44 60gm/\$64

Refills: _____

SIG: Apply 2-4gm as directed by physician

Rx (notes):

QTY: _____

SIG: _____

Refills: _____

See Reverse Side for More Rx Options! 

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 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.