

PATIENT NAME:		
DOB:	TEL:	
ADDRESS:		
CITY:	STATE:	ZIP:

PRESCRIBER NAME:		
NPI:	TEL:	
ADDRESS:		
CITY:	STATE:	ZIP:

ID	COMMONLY REQUESTED FORMULAS FOR	SIZE	COST
PATIENTS WITH NAIL FUNGUS			
[] 9201	(MILD TO MODERATE) ITRACONAZOLE 1%, IBUPROFEN 2%, UREA 10%, DMSO 10% NAIL SOLUTION	15ML	\$ 35
[] 9202	(MODERATE TO SEVERE) ITRACONAZOLE 1%, UNDECYLENIC ACID IN TEA TR OIL, UREA 10%, DMSO 35% NAIL SOL	15ML	\$ 35
[] 8921	(SEVERE) TERBINAFINE 1.7%, ITRACONAZOLE 1%, KETOCONAZOLE 1%, CLOTRIMAZOLE 1%, UNDECYLENIC IN TEA TREE 10%, DMSO NAIL SOL <i>Sig: Apply to affected toenails once daily at bedtime, ensure the toenail, the toenail folds, toenail bed, hyponychium, and the undersurface of the toenail plate, are completely covered. Dispense 15ml</i>	15M	\$ 35
COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH WARTS			
[] 7771	(DPCP)DIPHENYLCYCLOPROPENONE 0.01% SOLUTION	5ML	\$35
[] 9328	CANTHARIDIN 0.7% TOPICAL LIQUID (To be applied at the office)	2ML	\$35
[] 9821	CANTHARIDIN PLUS TOPICAL LIQUID (To be applied at the office)	2ML	\$35
[] 9570	CIMETIDINE 5%/DEOXY 0.2%/TEA TREE OILC 10%/IBUPROFEN 2% TOPICAL GEL	15GM	\$35
[] 7816	CIMETIDINE 5%/SALICYLIC 30% ADHESIVE PEEL KIT	1 KIT	\$35
[] 7489	CIMETIDINE 5%/SALICYLIC ACID 15%/FLUOROURACIL 5% ADHESIVE PEEL KIT	1 KIT	\$35
[] 1879	CIMETIDINE 5%/SALICYLIC ADHESIVE 20% ADHESIVE PEEL KIT	1 KIT	\$35
[] 8552	DINITROCHLOROBENZENE 0.5% OINTMENT	30 GM	\$35
[] 7215	FLUOROURACIL 5%/SALICYLIC ACID 20% SOLUTION	30ML	\$35
[] 7893	FLUOROURACIL-5/SALICYLIC 5%20% ADHESIVE PEEL KIT	1 KIT	\$35
[] 6862*	IMIQUIMOD 5% CREAM	12 PAK	\$35
[] 9041	SQUARIC ACID DIBUTYL ESTER 0.4% SOLUTION	15ML	\$35
[] 9806	SQUARIC ACID DIBUTYL ESTER 2% SOLUTION	15ML	\$35
[] 9782	THYMOL 3% OR 4% SOLUTION	15ML	\$35
[] 8534	TRICHLOROACETIC ACID 20%/SALICYLIC ACID 60% TOPICAL PASTE	1 KIT	\$35
[] ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH ACTINIC KERATOSIS	SIZE	COST
[] 9133	DICLOFENAC SOD 3% CREAM	60GM	\$35
[] 9388	FLUOROURACIL 5%/NIACINAMIDE CREAM	30GM	\$35
[] 9427	FLUOROURACIL 5%CALCIPOTRIENE 0.005% 1:1 CREAM	30GM	\$35
[] ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH PAIN (Plantar Fasciitis, Diabetic Neuropathy, Heel Spurs, Plantar Fasciitis, Burning Foot Syndrome, Amputation Pain)	SIZE	COST
[] 6420	MUSCULOSKELETAL PAIN DICLOFENAC SODIUM 1%, BACLOFEN 0.2%, LIDOCAINE 5% TRANSDERMAL CREAM	60GM	\$35
[] 6457	MUSCULOSKELETAL PAIN/SPASMS DICLOFENAC SODIUM 1%, CYCLOBENZAPRINE 0.2%, LIDOCAINE 5% TRANSDERMAL CREAM	60GM	\$35
[] 7262	NEUROPATHIC PAIN GABAPENTIN 5%, AMITRIPTYLINE 2%, BACLOFEN 0.2%, DICLOFENAC SODIUM 1%, LIDOCAINE 5% CR <i>Sig: Apply to affected area 3-4 times daily. Rub in well for 2-4 minutes. DO not apply to open wound. (60GM \$35, 180GM \$70)</i>	60GM	\$35
[] ID	COMMONLY REQUESTED FORMULAS FOR NAIL REMOVAL (NON-SURGICAL)	SIZE	COST
[] 5046	UREA 40% OCCLUSIVE OINTMENT	30GM	\$35
[] ID	COMMONLY REQUESTED FORMULAS FOR WOUND CARE	SIZE	COST
[] 9727	BACITRACIN 500U/GM POLYMYXIN B 10,000U/GM POWDER <i>filled in accordian bottle</i>	10GM	\$35
[] 5180	CIPROFLOXACIN 250MG/CLOTRIMAZOLE 10MG/DOXYCYCLINE 200MG/2 SCOOPS FOOT BATH POWDER (<i>add 2 scoops into foot bath container, add distilled water, shake, allow to agitate, place feet in solution for 10 minutes – perform once daily</i>)	30 DSES	\$35
[] ID	REQUESTED FORMULAS FOR CIRCULATION PROBLEMS OR RAYNAUD'S PHENOMENON	SIZE	COST
[] 7642	NIFEDIPINE 4% TRANSDERMAL CREAM	30GM	\$35
[] 5045	NIFEDIPINE 4%/SILDENAFIL 2% TRANSDERMAL CREAM	30GM	\$35
[] 9203	PENTOXIFYLLINE 3%/NIFEDIPINE 3% TRANSDERMAL CREAM	30GM	\$35

ID	COMMONLY REQUESTED FORMULAS FOR	SIZE	COST
HYPERHIDROSIS			
[] 6846	GLYCOPYRROLATE 1% TOPICAL CREAM	30GM	\$35
[] 5045	GLYCOPYRROLATE 1% TOPICAL SOLUTION (SPRAY BOTTLE)	30ML	\$35
[] 5044	GLYCOPYRROLATE 1% GEL	30GM	\$35
COMMONLY REQUESTED FORMULAS FOR FOOT CRAMPS			
[] 9453	MAGNESIUM 10% CREAM	60GM	\$35
[] 5043	GUAIFENESIN 10% CREAM	60GM	\$35
COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH ROUGH/DRY FEET			
[] 5947	UREA 20%/SALICYLIC ACID 6%/AMMONIUM LACTATE 12% CR	60GM	\$35
[] 5915	UREA 40%/SALICYLIC ACID 6%/AMMONIUM LACTATE 12% CR	60GM	\$35
[] 7129	AMMONIUM LACTATE 12%/DICLOFENAC 5% CREAM	60GM	\$35
[] 5041	UREA 40%/SODIUM HYALURONATE 0.5% GEL	60GM	\$35

Directions:

Other requested formula:

Other quantity: _____ Refills: 1 2 3 4 5 PRN

PRESCRIBER: _____
SIGNATURE: _____ **DATE** ___/___/_____
 Dispense as Written May Substituted