

# Prescription Order Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

## Skin Bleaching Cream, 30gm

Hydroquinone  2%  4%  6%  8%  10%

+

Tretinoin (Retinoic Acid)  0.025%  0.05%  0.1%

Hydrocortisone  0.5%  1%

Dexamethasone  0.1%

A low-dose steroid can be added at no additional charge - for use with hydroquinone concentrations >4%

**Sig: Apply to skin daily as directed. Use sunscreen on treated areas.**

## Refill PRN

Prescriber Signature: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License: \_\_\_\_\_ DEA: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

### Instructions:

1. Complete all sections.
2. We must verify the legitimacy of all prescriptions as required by law.
3. We will contact patients to arrange for payment and shipping.
4. Fax or mail the completed prescription to:

 **APOTHECARY OPTIONS**

3006 Esplanade, Suite I, Chico, CA 95973  
phone: 530-345-RxRx (7979) fax: 530-345-9797  
toll free 1-866-586-4633