



APOTHECARY OPTIONS

Prescription Order Form

Patient Name: _____ Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Allergies: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Face Revitalizing Night Cream

DMAE 5%, Ascorbyl Palmitate 5%, Alpha Lipoic Acid 5%, Vitamin E 2%

Other Ingredients: Purified water, glycerin, light mineral oil, white petrolatum, allantoin, xanthan gum, stearic acid, cetyl alcohol, stearyl alcohol, sorbic acid, imidazolidinyl urea, BHT, methylparaben, propylparaben, simethicone, and natural lemon oil. Contains no dyes or perfumes.

1 oz (28.5gm)

2 oz (57gm)

Sig: Apply to face at bedtime as directed.

Refill PRN

Prescriber Signature: _____

Prescriber Name: _____

Address: _____

City: _____ State: _____ Zip: _____

State License: _____ DEA: _____

Phone: (_____) _____ Fax: (_____) _____

Instructions:

- Complete all sections.
- We must verify the legitimacy of all prescriptions as required by law.
- We will contact you to arrange for payment and shipping.
- 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
www.apothecaryoptions.com