Compounded Prescription Order Form

Patient Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Allergies: _____**Phone**: (_____) _____

☐ **Zinc + SSD + Aquaphor (1:1:1)- Mix**

Sig:_____ Qty 60gm Refill _____

☐ **Fluconazole 2% + Itraconazole 1% + Ibuprofen 2% in DMSO Nail Solution**

Sig: Place 1 drop twice daily to affected nail(s) Qty: 30ml Refill _____

☐ **Triamcinolone 0.1% in Propylene Glycol- Lotion**

Sig: _____ Qty 240ml Refill _____

☐ **LCD** ☐ **5%** ☐ **10%** **compounded in Aquaphor ointment**

Check here to add ☐ **Triamcinolone 0.1%** ☐ **Fluocinonide 0.05 %** ☐ **Clobetasol 0.05%**

Sig: _____ Qty 60gm Refill _____

☐ **Benzocaine 20%, Lidocaine 6%, Tetracaine 4%- Water Based Cream**

Sig: _____ Qty 30gm _____ Refill _____

☐ **Azelaic Acid 15% Topical Gel (PPG-Free, EDTA-free)**

Sig: _____ Qty 60gm Refill _____

☐ **Hydroquinone _____ %**

Retinoic Acid _____% **Steroid:** ☐ **Desonide 0.05%** ☐ **Hydrocortisone 0.5%**

Sig: _____ Qty ☐30gm ☐60gm Refill _____

☐ **Hydroquinone _____ %**

Kojic Acid _____% **Steroid:** ☐ **Desonide 0.05%** ☐ **Hydrocortisone 0.5%**

Sig: _____ Qty ☐30gm ☐60gm Refill _____

Prescriber Signature: _____ **Today Date:** _____

Prescriber Printed Name: _____ ☐**MD** ☐**DO** ☐**ND** ☐**PA** ☐**NP** ☐**CNM/CN**

State License: _____ **DEA:** _____ **NPI:** _____

Address: _____**City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

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