Compounded Topical Tacrolimus Form

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

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

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

☐ **Tacrolimus 0.1% in Cetaphil Lotion**	
Sig:_____	Qty: 30ml 60ml 120ml (circle one) Refill _____
☐ **Tacrolimus 0.1% in Aquaphor Ointment**	
Sig:_____	Qty: 30gm 60gm 120gm (circle one) Refill _____
☐ **Tacrolimus 0.1% in Cetaphil Gentle Cleanser Lotion**	
Sig:_____	Qty: 30ml 60ml 120ml (circle one) Refill _____
☐ **Tacrolimus 0.1% in Petrolatum Ointment**	
Sig:_____	Qty: 30gm 60mg 120gm (circle one) Refill _____
☐ **Tacrolimus 0.1% in Cetaphil Lotion**	
Sig:_____	Qty: 30ml 60ml 120ml (circle one) 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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