Compounded Topical Rosacea Form

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

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

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

☐ Azelaic Acid 15% in W06 Anhydrous Gel (water and alcohol free)

Sig: _____

Qty: 60gm Refill _____

☐ Azelaic Acid 15% PLUS Benzoyl Peroxide 4% in W06 Anhydrous Gel (water and alcohol free)

Sig: _____

Qty: 60gm Refill _____

☐ Azelaic Acid 4% PLUS Clindamycin phosphate 1% PLUS Zinc Pyrithione 0.25% in W06 Anhydrous Gel (water and alcohol free)

Sig: _____

Qty: 60gm Refill _____

☐ Metronidazole

Form: ☐ W06 anhydrous Gel ☐ Cetaphil Lotion ☐ Versapro (PPG-free) Cream

Concentration: ☐ 0.75% ☐ 1%

Sig: _____

Qty: 60 gm Refills: _____

☐ Ivermectin

Form: ☐ W06 anhydrous Gel ☐ Cetaphil Lotion

Concentration: ☐ 0.5% ☐ 1.25%

Sig: _____

Qty: 45gm 60gm 120gm (choose one) Refills: _____

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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