Compounded Topical Psoriasis Form

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

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

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

☐ Steroid PLUS Naltrexone 0.5% in Versapro Cream

Steroid: ☐ clobetasol 0.05% ☐ desonide 0.05% ☐ fluocinonide 0.05% OR 0.1% ☐ betamethasone 0.05% OR 0.1%
☐ hydrocortisone 1% OR 2.5% **(CHOOSE ONE STEROID AND CIRCLE ITS CORRESPONDING CONCENTRATION)**

Sig: _____

Qty: 50 gm Refills: _____

☐ Steroid PLUS Zinc in Aquaphor Ointment

Steroid: ☐ clobetasol 0.05% ☐ desonide 0.05% ☐ fluocinonide 0.05% OR 0.1% ☐ betamethasone 0.05% OR 0.1%
☐ hydrocortisone 1% OR 2.5% **(CHOOSE ONE STEROID AND CIRCLE ITS CORRESPONDING CONCENTRATION)**

Sig: _____

Qty: 50 gm Refills: _____

☐ Naltrexone in Versabase Cream

☐ 0.5% ☐ 1%

Sig: _____

Qty: 50 gm Refills: _____

☐ Psoriasis Ointment (Pramoxine 1%, naltrexone 0.5%, clobetasol 0.05%, Vitamin E ~20IU/gm in A&D and Aquaphor Ointment)

Sig: _____

Qty: 60 gm 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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