

ORDER FORM FOR DERMATOLOGY

Patient's Name: _____	Date of Birth: _____
**Patient's Address: _____	Email: _____
**Home Phone Number: _____	**Cell Phone Number: _____
Patient's Allergies: _____	

Prescription Signature: _____

Prescriber: _____ Person Faxing: _____

DEA: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

****PLEASE FAX COPIES OF BOTH MEDICAL AND PRESCRIPTION CARDS**** **Required Fields

I have indicated by number(s) below, in order of preference, the medication(s) I am prescribing. The pharmacy shall dispense my first preference, unless not covered by the patient's insurance, in which case the pharmacy shall proceed in similar manner based on my order of preference. The pharmacy may dispense any drug selected below, regardless of order of preference, based on the patient's choice.

ANTI-ITCH CREAM

- AI001: **Fluticasone Prop. 0.05% - Pramoxine HCL 1% - Menthol 1% Cream**
SIG: Apply to affected area twice a day: **1 Pound Jar (454 gm)**
 Refills: 2 3 4 5 6 7 8 9 10 11 1yr PRN

ECZEMA CREAM

- E001: **Fluticasone Prop. 0.05% - Pramoxine HCL 1% - Menthol 1% Cream**
SIG: Apply to affected area twice a day: **1 Pound Jar (454 gm)**
- E002: **Fluticasone Prop. 0.025% In Cerave Moisturizer Cream**
SIG: Apply to affected area twice a day: **1 Pound Jar (454 gm)**
 Refills: 2 3 4 5 6 7 8 9 10 11 1yr PRN

SCAR GEL

- S001: **Gabapentin 15% - Lidocaine HCL 3% - Prilocaine HCL 3% Topical Gel (PracaSil-Plus)**
- S002: **Tranilast 1% - Pentoxifylline 1% - Nifedipine 2% - Levocetirizine Dihydrochloride 2% - Caffeine 0.5 Post Surgical**
- S003: **Fluticasone Propionate 0.5% - Tranilast 1% - Levocetirizine Dihydrochloride 2% Keloids**
- S004: **PracaSil™-Plus Pregnancy Scars**
SIG: Apply 0.5 to 1 gram to affected area twice daily as directed: 120gm 180gm 240gm
- S005: **Tretinoin 0.1% - PracaSil™-Plus Acne Scars**
SIG: Apply 0.5 to 1 gram to affected area twice daily as directed: 45gm 60gm
 Refills: 2 3 4 5 6 7 8 9 10 11 1yr PRN

BLEACHING/SKIN LIGHTENING

- BL001: **Tretinoin 0.1 - Hydroquinone 5% Topical Gel**
- BL002: **Hydroquinone 8% Glycolic Acid 8% - Tretinoin 0.05% - Hydrocortisone 0.5% Topical Gel**
- BL003: **Kojic Acid 4% - Phytic Acid 3% - Arbutin 2% Topical Solution (HQ Free)**
- BL004: **Acetyl-D-Glucosamine 2% - Niacinamide 5% Topical Cream Skin Lightening (HQ Free)**
SIG: Apply 1-2 gram to affected area once at bedtime as directed: 45gm 60gm
 Refills: 2 3 4 5 6 7 8 9 10 11 1yr PRN

WART CREAMS

- WC001: **Adult - Fluorouracil 5% - salicylic Acid 30% - Deoxy-D-Glucose 0.2% Occlusive Cream**
- WC002: **Children - cimetidine 10% - Tea Tree Oil 5% - EGcg 1% - Deoxy-D-Glucose 0.2% Cream**
SIG: Apply up to 1gm, once every 24 hours and cover with tape. After blister forms remove excess skin and repeat in one week: 45gm 60gm
 Refills: 2 3 4 5 6 7 8 9 10 11 1yr PRN

Cash alternative if patient does not have coverage for compounds

(CHOOSE USE)

- CA001: **Azelaic Acid 15% - Kojic Acid 4% Topical Solution (HQ Free)**
SIG: Apply 1 to 2 grams to affected area once at bedtime as directed: 30gm 60gm
- CA002: **Scar Cream formulation: Diphenhydramine HCL 2% - Lidocaine HCL 2% - Tranilast 1% Topical Gel (PracaSil)**
SIG: Apply 1 -2 grams to affected area 2 to 3 times a day **50gm**
 Refills: 2 3 4 5 6 7 8 9 10 11 1yr PRN

REP ID