PATIENT NAME:		
DOB:	TEL:	
ADDRESS:		
CITY:	STATE:	ZIP:

PRESCRIBER NAME:		
NPI:	TEL:	
ADDRESS:		
CITY:	STATE:	ZIP:

	ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH NAIL FUNGUS	SIZE	COST
[ ]	9201	(MILD TO MODERATE) ITRACONAZOLE 1%, IBUPROFEN 2%, UREA 10%, DMSO 10% NAIL SOLUTION	15ML	$ 45
[ ]	9202	(MODERATE TO SEVERE) ITRACONAZOLE 1%, UNDECYLENIC ACID IN TEA TR OIL, UREA 10%, DMSO 35% NAIL SOL	15ML	$ 45
[ ]	8921	(SEVERE) TERBINAFINE 1.7%, ITRACONAZOLE 1%, KETOCONAZOLE 1%, CLOTTRIMAZOLE 1%, UNDECYLENIC IN TEA TREE 10%, DMSO NAIL SOL *Sig: Apply to affected toenails once daily at bedtime, ensure the toenail, the toenail folds, toenail bed, hyponychium, and the undersurface of the toenail plate, are completely covered. Dispense 15ml*	15M	$ 45
		COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH WARTS	**SZIE**	**COST**
[ ]	7771	(DPCP)DIPHENYLCYCLOPROPENONE 0.01% SOLUTION	5ML	$45
[ ]	9328	CANTHARIDIN 0.7% TOPICAL LIQUID (To be applied at the office)	2ML	$45
[ ]	9821	CANTHARIDIN PLUS TOPICAL LIQUID (To be applied at the office)	2ML	$45
[ ]	9570	CIMETIDINE 5%/DEOXY 0.2%/TEA TREE OILC 10%/IBUPROFEN 2% TOPICAL GEL	15GM	$45
[ ]	7816	CIMETIDINE 5%/SALICYLIC 30% ADHESIVE PEEL KIT	1 KIT	$45
[ ]	7489	CIMETIDINE 5%/SALICYLIC ACID 15%/FLUOROURACIL 5% ADHESIVE PEEL KIT	1 KIT	$45
[ ]	1879	CIMETIDINE 5%/SALICYLIC ADHESIVE 20% ADHESIVE PEEL KIT	1 KIT	$45
[ ]	8552	DINITROCHLOROBENZENE 0.5% OINTMENT	30 GM	$45
[ ]	7215	FLUOROURACIL 5%/SALACYLIC ACID 20% SOLUTION	30ML	$45
[ ]	7893	FLUOROURACIL-5/SALICYLIC 5%20% ADHESIVE PEEL KIT	1 KIT	$45
[ ]	6862*	IMIQUIMOD 5% CREAM	12 PAK	$45
[ ]	9041	SQUARIC ACID DIBUTYL ESTER 0.4% SOLUTION	15ML	$45
[ ]	9806	SQUARIC ACID DIBUTYL ESTER 2% SOLUTION	15ML	$45
[ ]	9782	THYMOL 3% OR 4% SOLUTION	15ML	$45
[ ]	8534	TRICHLOROACETIC ACID 20%/SALICYLIC ACID 60% TOPICAL PASTE	1 KIT	$45
[ ]	**ID**	**COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH ACTINIC KERATOSIS**	**SIZE**	**COST**
[ ]	9133	DICLOFENAC SOD 3% CREAM	60GM	$45
[ ]	9388	FLUOROURACIL 5%/NIACINAMIDE CREAM	30GM	$45
[ ]	9427	FLUOROURACIL 5%CALCIPOTRIENE 0.005% 1:1 CREAM	30GM	$45
[ ]	**ID**	**COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH PAIN** (*Plantar Fasciitis, Diabetic Neuropathy, Heel Spurs, Plantar Fasciitis, Burning Foot Syndrome, Amputation Pain*)	**SIZE**	**COST**
[ ]	6420	***MUSCULOSKELETAL PAIN*** DICLOFENAC SODIUM 1%, BACLOFEN 0.2%, LIDOCAINE 5% TRANSDERMAL CREAM	60GM	$45
[ ]	6457	***MUSCULOSKELETAL PAIN/SPASMS*** DICLOFENAC SODIUM 1%, CYCLOBENZAPRINE 0.2%, LIDOCAINE 5% TRANSDERMAL CREAM	60GM	$45
[ ]	7262	***NEUROPATHIC PAIN*** GABAPENTIN 5%, AMITRIPTYLINE 2%, BACLOFEN 0.2%, DICLOFENAC SODIUM 1%, LIDOCAINE 5% CR *Sig: Apply to affected area 3-4 times daily. Rub in well for 2-4 minutes, DO not apply to open wound. (60GM $35, 180GM $70)*	60GM	$45
	ID	**COMMONLY REQUESTED FORMULAS FOR NAIL REMOVAL (NON-SURGICAL)**	**SIZE**	**COST**
[ ]	5046	UREA 40% OCCLUSIVE OINTMENT	30GM	$45
	ID	**COMMONLY REQUESTED FORMULAS FOR WOUND CARE**	**SIZE**	
[ ]	9727	BACITRACIN 500U/GM POLYMYXIN B 10,000U/GM POWDER *filled in accordion bottle*	10GM	$45
[ ]	5180	CIPROFLOXACIN 250MG/CLOTRIMAZOLE 10MG/DOXYCYCLINE 200MG/2 SCOOPS FOOT BATH POWDER (*add 2 scoops into foot bath container, add distilled water, shake, allow to agitate, place feet in solution for 10 minutes – perform once daily*)	30 DSES	$45
	ID	**REQUESTED FORMULAS FOR CIRCULATION PROBLEMS OR RAYNAUD'S PHENOMENON**	**SIZE**	**COST**
[ ]	7642	NIFEDIPINE 4% TRANSDERMAL CREAM	30GM	$45
[ ]	83601	NIFEDIPINE 4%/SILDENAFIL 2% TRANSDERMAL CREAM	30GM	$45
[ ]	9203	PENTOXIFYLLINE 3%/NIFEDIPINE 3% TRANSDERMAL CREAM	30GM	$45

	ID	COMMONLY REQUESTED FORMULAS FOR HYPERHIDROSIS	SIZE	COST
[ ]	6846	GLYCOPYRROLATE 1% TOPICAL CREAM	30GM	$45
[ ]	6350	GLYCOPYRROLATE 1% TOPICAL SOLUTION (SPRAY BOTTLE)	30ML	$45
[ ]	5044	GLYCOPYRROLATE 1% GEL	30GM	$45
	ID	**COMMONLY REQUESTED FORMULAS FOR FOOT CRAMPS**	**SIZE**	**COST**
[ ]	9453	MAGNESIUM 10% CREAM	60GM	$45
[ ]	5043	GUAIFENESIN 10% CREAM	60GM	$45
	ID	**COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH ROUGH/DRY FEET**	**SIZE**	**COST**
[ ]	5947	UREA 20%/SALICYLIC ACID 6%/AMMONIUM LACTATE 12% CR	60GM	$45
[ ]	5915	UREA 40%/SALICYLIC ACID 6%/AMMONIUM LACTATE 12% CR	60GM	$45
[ ]	7129	AMMONIUM LACTATE 12%/DICLOFENAC 5% CREAM	60GM	$45
[ ]	5041	UREA 40%/SODIUM HYALURONATE 0.5% GEL	60GM	$45

Directions:

_____

Other requested formula:

Other quantity:

Refills: 1 2 3 4 5 PRN

PRESCRIBER: **SIGNATURE:** _____ _____ **DATE**___/___/_____

Dispense as Written — May Substituted

FAX (317) 900-7458 NOBLESVILLE LOW COST PHARMACY . NOBLESVILLE . IN . 46062 . TEL (317) 231-5252 . TOLL FREE (866) 217-8828

*To send orders: Call (317) 231-5252, or Fax (317) 900-7458, or E-scribes ID *To E-scribe, Lookup pharmacy by zip code only "46062" then choose "Noblesville Low Cost Pharmacy "758 Westfield Rd, Noblesville IN 46062*