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

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

	ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH ROSACEA	SIZE	COST
[ ]	7823	AZELAIC 15%/ IVERMECTIN 1%/ METRONIDAZOLE 1% (TRIPLE ROSACEA) CREAM	30GM	$45
[ ]	7175	BRIMONIDINE 0.4%/NIACINAMID 4% GEL	30GM	$45
[ ]	7703	IVERMECTIN 1%/METRONIDAZOLE 0.75% CREAM	30GM	$45
[ ]	7658	IVERMECTIN 1%/METRONIDAZOLE1%/NIACINAMIDE 4% CREAM	30 GM	$45
[ ]	2166	IVERMECTIN 1%/NIACINAMIDE 4% (CLARIFYING™)	30 GM	$45
[ ]	9058	OXYMETAZOLIN 1%/ALOE TOPICAL (CLARIFYING™)	30 GM	$45
[ ]	7660	OXYMETAZOLIN0.06%/IVERMECTIN 1% CREAM	60 GM	$45

	ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH PSORIASIS/ECZEMA	SIZE	COST
[ ]	7410	ANTHRALIN 1%/COAL TAR 1% TOPICAL CREAM	30 GM	$45
[ ]	8759	CLOBETASOL 0.05% : CERAVETOPICAL CREAM (50ML:473GM) CREAM	60 GM	$45
[ ]	8296	CLOBETASOL 0.05%/ZINC PYRITH 0.2% SHAMPOO	120ML	$45
[ ]	7853	CLOBETASOL 0.05%/ZINC PYRITHIONE 0.2% CREAM	30GM	$45
[ ]	9534	COAL TAR 5%/SALICYLIC ACID 6%/ CLOBETASOL PROPIONATE 0.05% CREAM (XEMATOP™)	30GM	$45
[ ]	9444	FLUOCINOLONE ACE 0.01% VIT-E 1% TOPICAL OIL (PEANUT OIL FREE)	30GM	$45
[ ]	9548	LIDEX 0.05% CREAM 60GM/MENTHOL 0.48GM/VANISHING CREAM Q.S 240GM	60GM	$45
[ ]	7592	NALTREXONE 0.2%/DIPHENHYDRAMINE 2% CREAM	30GM	$45
[ ]	7592	NALTREXONE 0.5-5MG LOW DOSE CAPSULE (ANY STRENGTH)	30GM	$45
[ ]	7177	TACROLIMUS 0.06%/TRIAMCINOLONE 0.025% CREAM	30GM	$45
[ ]	9604	TACROLIMUS 0.1%/NIACINAMIDE 1% CREAM	30GM	$45
[ ]	7238	TRIAMCINOLONE 0.1%/COAL TAR 6% CREAM	30GM	$45

	ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH ACNE	SIZE	COST
[ ]	7761	AZELAIC ACID 15%/ NIACINAMIDE 2% CREAM	30GM	$45
[ ]	7387	AZELAIC ACID 20%/ NIACINAMIDE 2% GEL	30GM	$45
[ ]	7866	AZELAIC ACID 5%/CLINDAMYCINC2% CREAM	30GM	$45
[ ]	7367	CLINDAMYCIN 1%/TRETINOIN 0.025% CREAM	30GM	$45
[ ]	8098	SPIRONOLACTONE 5% CREAM		$45
[ ]	7082	SPIRONOLACTONE 5% FOAM	30ML	$45
[ ]	8582	SULFACETAMI/SULFUR 10%/ASCORB 5%1.67% TOPICAL CR	30GM	$45
[ ]	9694	TRETINOIN 0.025% ALOE 0.1% CREAM	30GM	$45
[ ]	9761	TRETINOIN 0.05% ASCORBIC ACID 1.67% CREAM	30GM	$45

	ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH WARTS	SIZE	COST
[ ]	7771	(DPCP)DIPHENYLCYCLOPROPENONE 0.01% SOLUTION	5ML	$45
[ ]	82736	CANTHARIDIN 0.85% TOPICAL LIQUID	2ML	$45
[ ]	9821	CANTHARIDIN PLUS TOPICAL LIQUID	2ML	$45
[ ]	9570	CIMETIDINE 5%/DEOXY 0.2%/TEA TREE OILC 10%/IBUPROFEN 2% TOPICAL GEL	5ML	$45
[ ]	7816	CIMETIDINE 5%/SALICYLIC 30% ADHESIVE PEEL	1 KIT	$45
[ ]	7489	CIMETIDINE 5%/SALICYLIC ACID 15%/FLUOROURACIL 5% ADHESIVE PEEL	1 KIT	$45
[ ]	1879	CIMETIDINE 5%/SALICYLIC ADHESIVE 20% ADHESIVE PEEL	1 KIT	$45
[ ]	8552	DINITROCHLOROBENZENE 0.5% OINTMENT	30GM	$45
[ ]	7251	FLUOROURACIL 5%/SALACYLIC ACID 20% SOLUTION	30ML	$45
[ ]	7792	FLUOROURACIL 5%/SALICYLIC 80% ADHESIVE PEEL	1 KIT	$45
[ ]	7893	FLUOROURACIL-5/SALICYLIC 5%20% ADHESIVE PEEL	1 KIT	$45
[ ]	6862*	IMIQUIMOD 5% CREAM	12 PAK	$45
[ ]	7553	SALICYLIC ACID 40%/CIMETIDINE 5% TRANSDERMA SOLUTION	15GM	$45
[ ]	9041	SQUARIC ACID DIBUTYL ESTER 0.4% SOLUTION	15ML	$45
[ ]	9806	SQUARIC ACID DIBUTYL ESTER 2% SOLUTION	15ML	$45
[ ]	8999	SQUARIC ACID DIBUTYL ESTER 4% 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 HAIR LOSS	SIZE	COST
[ ]	7872	FINASTERIDE 0.1%/MINOXIDIL 10% GEL	30GM	$45
[ ]	7032	FINASTERIDE 0.1%/MINOXIDIL 5% TOPICAL SOLUTION (DROPPER)	30ML	$45
[ ]	6969	FINASTERIDE 0.1%/MINOXIDIL 7%/TRETINOIN0 0.025% FOAM	30ML	$45
[ ]	7884	LATANOPROST 0.0025%/MINOXIDIL 2% ALCOHOL FREE SOLUTION (EYELASHES)	5ML	$45

	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%, ITRACO 1%, KETOCO 1%,CLOT 1%, UNDECYLENIC IN TEA TREE 10%, DMSO NAIL SOL	15ML	$ 45

	ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS REQUESTING SKIN BLEACHING	SIZE	COST
[ ]	2017	HYDROQUINONE 10%/ASCORBIC ACID 20%/KOJIC ACID 5% CREAM	30GM	$45
[ ]	7613	HYDROQUINONE 12%/KOJIC ACID 6%/ASCORBIC ACID 1%/NIACINAMIDE 2% CREAM	30GM	$45
[ ]	9089	HYDROQUINONE 4%/ASCORBIC ACID 1.67% CREAM	30GM	$45
[ ]	9152	HYDROQUINONE 5% CREAM	30GM	$45
[ ]	8131	HYDROQUINONE 5%/TRETINOIN 0.05%/TRIAMCINOLONE 0.05% CREAM	30GM	$45
[ ]	9229	HYDROQUINONE 5%/TRETINOIN 0.1%/TRIAMCINOLONE 0.1% CREAM	30GM	$45
[ ]	9473	HYDROQUINONE 6%/TRETINOIN 0.025%/DEXAMETHASONE 0.1% CREAM	30GM	$45
[ ]	8338	HYDROQUINONE 6%/TRETINOIN 0.05%/HYDROCORTISONE 2.5% CREAM	30GM	$45
[ ]	8228	KOJIC ACID 0.05%/HYDROQUINONE 7%/HYDROCORTISONE 0.05%/TRETINOIN 0.05% CREAM	30GM	$45
[ ]	8218	KOJIC ACID 0.05%/HYDROQUINONE 7%/TRETINOIN 0.05% CREAM	30GM	$45
[ ]	8145	TRETINOIN 0.05%/HYDROCORTISONE 0.05%/KOJIC ACID 0.05%/ HYDROQUINONE 7% GEL	30GM	$45

	ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH ACTINIC KERATOSIS	SIZE	COST
[ ]	6841	DICLOFENAC SOD 3%/HYALURONIC 0.2%/NIACINAMIDE 4% GEL	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 ITCHING	SIZE	COST
[ ]	7848	AMITRIPTYLIN 2% CREAM	60GM	$45
[ ]	7832	AMITRIPTYLIN 5%/LIDOCAINE 5% CREAM	60GM	$45
[ ]	6517	GABAPENTIN 5%/AMITRIPTYLINE 5%/LIDOCAINE 5% VANISHING CREAM	30GM	$45
[ ]	5374	GABAPENTIN 5%/AMITRIPTYLINE 5%/LIDOCAINE 5% SCALP SOLUTION	30ML	$45
[ ]	7765	NALTREXONE 0.2%/DIPHENHYDRAMINE 2% SCALP SOLUTION	30ML	$45
[ ]	7592	NALTREXONE/DIPHENHYDRAMINE 0.2%2% VANISHING CREAM	30GM	$45
[ ]	****	NALTREXONE 0.5-5MG LOW DOSE CAPSULE (ANY STRENGTH)	30CAP	$45
[ ]	8759	CLOBETASOL 0.05% : CERAVETOPICAL CREAM 1:10 (50ML:500GM) CREAM	60GM	$45
[ ]	8419	TRIAMCINOLONE/MENTHOL 0.1%0.48% CERAVE CREAM	60GM	$45
[ ]	6569	TRIAMCINOLONE 0.1%:SARNA (1:3) LOT	60GM	$45
[ ]	9548	LIDEX 0.05% CREAM 60GM/MENTHOL 0.48GM/VANISHING CREAM (1:4) Q.S 240GM	60GM	$45

	ID	COMMONLY REQUESTED FORMULAS FOR PATIENTS WITH HYPERHIDROSIS	SIZE	COST
[ ]	5044	Glycopyrrolate 1% Topical GEL	30GM	$45
[ ]	6350	Glycopyrrolate 1% Topical SOLUTION	30ML	$45
[ ]	6846	Glycopyrrolate 1% Topical CREAM	30GM	$45
[ ]	7055	ALUMINUM CHLORIDE HEXAHYDRATE 20% GEL	30GM	$45
[ ]	7057	ALUMINUM CHLORIDE HEXAHYDRATE 20% SOLUTION	30ML	$45

	ID	OTHERS	SIZE	COST
[ ]	5180	CIPROFLOXACIN 250MG/CLOTRIMAZOLE 10MG/DOXYYCLNE 200MG POWDER (PER DOSE) FOOT BATH	30 DOSES	$45
[ ]	6085	CHOLESTEROL/LOVASTATIN 2%2% OINTMENT	30GM	$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

To E-scribe, Lookup pharmacy by zip code only "46062"

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