Office Name: _____

Address: _____

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

Phone: ( ) _____ - _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ____ /____ /_____ Phone: ( ) _____ - _____

Allergies: _____

New Patient: Fax current insurance information with R_x

Dermatology Order Form

	Medication / Concentration	Supplied	Directions
Acne	Benzoyl Peroxide 5% Topical Lotion	☐ 30 gm ☐ _____	Apply and leave on affected area overnight as directed.
Acne	Benzoyl Peroxide 5%, Clindamycin 1% Gel	☐ 30 gm ☐ _____	Apply small amount to affected area once daily.
Acne	Benzoyl Peroxide 4%, Salicylic Acid 4% (Foam Wash)	☐ 120 mL ☐ _____	Apply liberally to affected area and rinse thoroughly at bedtime
Acne	Benzoyl Peroxide 7%, Clindamycin 3%, Niacinamide 2%, Biotin 0.1%, Tretinoin 0.05% Cream	☐ 30 gm ☐ _____	Apply small amount to affected area once daily.
Scar	Betamethasone Valerate 0.1%, Tranilast 2% Topical Gel	☐ 15 gm ☐ 30 gm ☐ 45 gm	Apply 0.25-1 gram to affected area BID.
	Refills	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ PRN ☐ none	

	Condition	Medication / Concentration	Supplied	Directions
Skin	Rosacea	Niacinamide 5%, Glycosaminoglycans 5%, Dimethyl Sulfone 2%, Biotin 0.2% Topical Cream	☐ 30 gm ☐ 60 gm ☐ 90 gm	Apply 1 gram to affected area twice daily as directed.
Skin	Rosacea	Brimonidine 0.33% Topical Cream	☐ 30 gm ☐ 60 gm ☐ 90 gm	Apply 1 gram to affected area twice daily as directed.
Skin	Eczema & Psoriasis	Zinc Pyrithione 0.2%, Clobetasol Propionate 0.05%, Cyanocobalamin 0.07%, Tranilast 1% Topical Gel	☐ 30 gm ☐ 60 gm ☐ 90 gm	Apply 1 gram to affected area twice daily as directed.
Skin	Rash/ Itching	Hydrocortisone 2%, Lidocaine 2%, Clotrimazole 1% Topical Cream	☐ 30 gm ☐ 60 gm ☐ 90 gm	Apply to affected area QID
Skin	Athletes Foot/Jock Itch	Fluconazole 10%, Lidocaine 5%, Ibuprofen 2%, Diphenhydramine 1%, DMSO 1% Topical Cream	☐ 30 gm ☐ 60 gm ☐ 90 gm	Apply a thin layer to affected area 3-4 times daily as directed
Skin	Rough/Dry Feet	Urea 20%, Lactic Acid 5% Lotion	☐ 30 gm ☐ 60 gm ☐ 90 gm	Apply to affected area BID
	Refills	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ PRN ☐ none		

	Medication / Concentration	Supplied	Directions
Melasma	Tretinoin ☐ 0.05% ☐_____ Hydroquinone ☐ 4% ☐ 6% ☐ 8% ☐ 10% Triamcinolone ☐ 0.05% ☐ _____	☐ 30 gm ☐ 60 gm ☐ 90 gm ☐ 120 gm ☐ _____ gm	Apply _____ grams _____ times per day or as directed
Warts	Salicyclic Acid ☐ 20% ☐_____ 5-Fluorouracil ☐ 0.05% ☐ 5% ☐ _____ include ☐ Calcipotriene 0.005%	☐ 30 gm ☐ 60 gm ☐ 90 gm ☐ 120 gm ☐ _____ gm	Apply Sparingly BID
	Refills	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ PRN ☐ none	

Additional Directions: _____

PCAB ACCREDITED Compounding Pharmacy

A4M American Academy of Anti-Aging Medicine

Compounding Pharmacy of America

Physician Name: _____

Physician Signature: _____

DEA# _____ **NPI#** _____

Date: ____ / ____ / _____

(office) 855-277-2488 (fax) 888-689-9892