



678 WYCKOFF AVE  
 WYCKOFF NJ 07481  
 P 201 891 3334  
 F 201 891 1312

## PODIATRY ORDER FORM

PATIENT INFORMATION			
FIRST NAME:		LAST NAME:	
PRIMARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK		SECONDARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	
ADDRESS:		CITY, STATE, ZIP:	ALLERGIES:

### MEDICATIONS

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Aluminum Chlorohydrate 5% and 10% Topical Antiperspirant Cream                                 | Qty. _____      |
| <input type="checkbox"/> Aluminum Chlorohydrate 5% Topical Powder   | Qty. _____      |
| <input type="checkbox"/> Cantharidin Plus Topical Liquid  | Qty. 15ml _____ |
| <input type="checkbox"/> Cantharidin Topical Liquid   | Qty. 15ml _____ |
| <input type="checkbox"/> Cimetidine 5% / DDG 0.2% / Tea Tree Oil 10% / Ibuprofen 2% PLO                                 | Qty. 30ml _____ |
| <input type="checkbox"/> Clotrimazole 2% & Tea Tree Oil 1% in DMSO  | Qty. 30ml _____ |
| <input type="checkbox"/> Dexamethasone 4mg/ml Iontophoresis Solution  | Qty. 30ml _____ |
| <input type="checkbox"/> Diltiazem Cream _____%   | Qty. _____      |
| <input type="checkbox"/> Diltiazem Ointment _____%  | Qty. _____      |
| <input type="checkbox"/> Formadehyde Roll-On Deodorant (Not compounded)   | Qty. _____      |
| <input type="checkbox"/> Glycopyrrolate 0.25% Tea Tree Oil Deodorant/Antiperspirant                                     | Qty. _____      |
| <input type="checkbox"/> Itraconazole 1% & Ibuprofen 2% in DMSO Nail Polish   | Qty. 15ml _____ |
| <input type="checkbox"/> Itraconazole 1% / Undecylenic Acid 17% in Tea Tree Oil - DMSO Nail Polish                      | Qty. 15ml _____ |
| <input type="checkbox"/> Itraconazole 1% / Undecylenic Acid 17% / Salicylic Acid 10% in Tea Tree Oil - DMSO Nail Polish | Qty. 15ml _____ |
| <input type="checkbox"/> Ketoconazole 2% & Tea Tree Oil 5% in DMSO  | Qty. 30ml _____ |
| <input type="checkbox"/> Ketoconazole Tea Tree Oil DMSO Anti-fungal Solution  | Qty. 15ml _____ |
| <input type="checkbox"/> Lidocaine 4% Iontophoresis Solution  | Qty. 30ml _____ |
| <input type="checkbox"/> Nifepidine Ointment _____%   | Qty. _____      |
| <input type="checkbox"/> Podophyllin resin tincture + _____ applicator bottle   | Qty. 15ml _____ |
| <input type="checkbox"/> Salicylic Acid 20% / 5-FU 5% DMSO (with brush applicator)                                      | Qty. 10ml _____ |
| <input type="checkbox"/> Salicylic Acid 27% / Lactic Acid 2.64% (Duoplant)  | Qty. 20ml _____ |
| <input type="checkbox"/> Salicylic Acid 40% Ointment  | Qty. 15ml _____ |
| <input type="checkbox"/> Salicylic Acid Compound Collodion  | Qty. 15ml _____ |
| <input type="checkbox"/> Salicylic Acid Paste 80% in Polysorbate 80   | Qty. 15ml _____ |
| <input type="checkbox"/> Terbinafine 1% & Ibuprofen 2% in DMSO  | Qty. 15ml _____ |
| <input type="checkbox"/> Trichloroacetic Acid 2% / Salicylic Acid 60%   | Qty. 15ml _____ |
| <input type="checkbox"/> Verapamil Topical Gel 150mg/ml or _____  | Qty. 30ml _____ |

Refills:  1  2  3  4  5  6  PRN  NR SIG: \_\_\_\_\_

**WRITE PRESCRIPTION / ADDITIONAL COMMENTS**

DOCTOR	PHONE	NPI #	DEA #
OFFICE MANAGER	PHONE	OFFICE FAX	OFFICE Email
SIGNATURE		DATE (Month / Day / Year)	<b style="color: #008080;">FAX TO 201-891-1312</b> email to: <a href="mailto:orders@yourlifefx.com">orders@yourlifefx.com</a>
		_____/_____/_____	