

PRESCRIPTION

COSMECEUTICAL DERMATOLOGY ORDER FORM

PATIENT INFORMATION		
FIRST NAME:	LAST NAME:	DATE of BIRTH (Month / Day) _____ / _____
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:

SKIN

<input type="checkbox"/> Benzocaine 20% / Lidocaine 8% / Tetracaine 4%	Cream <input type="radio"/> 120gm - _____
<input type="checkbox"/> Cimetidine 10% / Deoxy-D-Glucose 0.29% / Ibuprofen 2%	Lipoderm <input type="radio"/> 30gm - _____
<input type="checkbox"/> Erythromycin 4% / Hydrocortisone 1%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Erythromycin 4% / Hydrocortisone 1% / Tretinoin 0.01%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Fluorouracil 5% / Calcipotriene 0.005% (1:1)	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Fluorouracil 5% / Salicylic Acid 15% / Cimetidine 5% / Deoxy-D-Glucose 0.2%	Lipoderm <input type="radio"/> 30gm - _____
<input type="checkbox"/> Hydroquinone 4% / Retin-A 0.025%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Hydroquinone 4% / Retin-A 0.025% / Glycolic Acid 5%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Hydroquinone 4% / Retin-A 0.025% / Triamcinolone 0.1%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Hydroquinone 8% / Retin-A 0.05% / Vitamin E 11% / Vitamin C 3%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Hydroquinone 8% / Retin-A 0.05% / Fluocinolone 0.01%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Hydroquinone 8% / Retin-A 0.05% / Hydrocortisone 1%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Hydroquinone 8% / Vitamin E 11% / Vitamin C 3%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Ivermectin1% / Benzyl Peroxide 5%	Lotion <input type="radio"/> 30gm - _____
<input type="checkbox"/> Kojic Acid 4% / Retin-A 0.025%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Monobenzene 20%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Niacinamide 3% / Lipoic Acid 0.5%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Niacinamide 4%	Gel <input type="radio"/> 30gm - _____
<input type="checkbox"/> Niacinamide 4% / Clindamycin 1%	Gel <input type="radio"/> 30gm - _____
<input type="checkbox"/> Niacinamide 4% / Lipoic Acid 0.5% / Biotin 0.1%	Acne Gel <input type="radio"/> 30gm - _____
<input type="checkbox"/> Niacinamide 4% / Metronidazole 1%	Cream <input type="radio"/> 30gm - _____
<input type="checkbox"/> Salicylic Acid 17% / Flurouracil 2% / DMSO 5%	Ointment <input type="radio"/> 30gm - _____
<input type="checkbox"/> Salicylic Acid 17% / Lactic Acid 17% / Resorcinol 8%	(Modified Jessner's Sol.) <input type="radio"/> 120ml - _____

SCALP

<input type="checkbox"/> Females – Minoxidil 2% / Retin-A 0.025%	<input type="radio"/> 120ml - _____
<input type="checkbox"/> Males – Minoxidil 5% / Retin-A 0.025%	<input type="radio"/> 120ml - _____
<input type="checkbox"/> Minoxidil <input type="radio"/> 2% or <input type="radio"/> 5% / Tretinoic Acid 0.025% / Bimatoprost 0.03%	<input type="radio"/> 90ml - _____
<input type="checkbox"/> Minoxidil 5% / Retin-A 0.1% / Finasteride 0.05% / Clobetasol 0.05% / Vitamin E Acetate 10u/ml	<input type="radio"/> 30ml - _____
<input type="checkbox"/> Minoxidil 5% / Tretinoin 0.025% / Latanoprost 2.5ml	<input type="radio"/> 60ml - _____

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) _____ / _____ / _____		