PRESCRIPTION

PODIATRY ORDER FORM

PATIENT INFORMATION

FIRST NAME: | LAST NAME: | DATE of BIRTH (Month / Day) ________/______

PRIMARY PHONE #: ◯ CELL ◯ HOME ◯ WORK | SECONDARY PHONE #: ◯ CELL ◯ HOME ◯ WORK

ADDRESS: | CITY, STATE, ZIP: | ALLERGIES:

MEDICATIONS

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