



Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Call When Ready     Text Message When Ready     Delivery     Mail Out

<p><input type="checkbox"/> <b>Clindamycin 1%/Benzoyl Peroxide 3% Topical Gel (PracaSil™-Plus)</b>        (circle one) Qty: #30gm, #120gm, #240gm, or _____        Sig: AAA at bedtime as directed        Or: _____</p> <p><input type="checkbox"/> <b>Clindamycin 1%/Benzoyl Peroxide 5%/Niacinamide 5% Topical Cream (Clarifying™)</b>        (circle one) Qty: #30gm, #120gm, #240gm, or _____        Sig: AAA at bedtime as directed        Or: _____</p> <p><input type="checkbox"/> <b>Clindamycin 1%/Benzoyl Peroxide 2%/Sulfacetamide 5% Topical Cream (Clarifying™)</b>        (circle one) Qty: #30gm, #120gm, #240gm, or _____        Sig: AAA at bedtime as directed        Or: _____</p> <p><input type="checkbox"/> <b>Clindamycin 1%/Tretinoin 0.025% Topical Cream (Clarifying™)</b>        (circle one) Qty: #30gm, #120gm, #240gm, or _____        Sig: AAA at bedtime as directed        Or: _____</p>	<p><input type="checkbox"/> <b>Niacinamide 4% Topical Cream (Clarifying™)</b>        (circle one) Qty: #30gm, #120gm, #240gm, or _____        Sig: AAA at bedtime as directed        Or: _____</p> <p><input type="checkbox"/> <b>Erythromycin 3%/Benzoyl Peroxide 5%/Biotin 0.1% Topical Cream (Clarifying™)</b>        (circle one) Qty: #30gm, #120gm, #240gm, or _____        Sig: AAA at bedtime as directed        Or: _____</p> <p><input type="checkbox"/> <b>Salicylic Acid 2%/Aloe Vera 1%/Tea Tree Oil 1% Topical Foam Cleanser</b>        (circle one) Qty: #30ml, #120ml, #240ml, or _____        Sig: AAA at bedtime as directed        Or: _____</p> <p><input type="checkbox"/> <b>Salicylic Acid 2% Topical Occlusaderm® (Spot Isolation)</b>        (circle one) Qty: #30gm, #120gm, #240gm, or _____        Sig: AAA at bedtime as directed        Or: _____</p>
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\_\_\_\_\_  
**Healthcare Provider Signature:**  
**Print Name:** \_\_\_\_\_  
**NPI:** \_\_\_\_\_

**Refills:    1    2    3    4    5    PRN**

**Agent sending:** \_\_\_\_\_  
**DEA:** \_\_\_\_\_

<p><b>Clinic Name:</b> _____  <b>Clinic Address:</b> _____  <b>Clinic Phone/Fax:</b> _____</p>	
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