Date: _____ Patient Name: _____
DOB: _____**Address:** _____
City: _____State: _____ Phone: _____ Allergies: _____
☐ Call When Ready ☐ Text Message When Ready ☐ Delivery ☐ Mail Out

☐ **Nifedipine/Lidocaine/Hydrocortisone 0.3%/2.5%/1% Ointment** #30 gm
Sig: AAA 3-4x/day x 6-8 wks for anal fissure

☐ **Hydrocortisone 1%/Lidocaine 2% Rectal Rocket Suppositories** Qty: #5 each
Sig: 1 supp rect HS x 5 nights for hemorrhoids

☐ **Wart Magic (Salicylic Acid 20%/Lactic Acid 10%/Formaldehyde 8% in Flex Collodion)** #15 ml
Sig: AAA HS after debridement, cover overnight, wash off in morning, until resolution

☐ **Aluminum Chloride 35% Topical Soln.** #60 ml

☐ **Bleaching Cream Formula #1** Qty 30g
Retinoic Acid 0.05%
Fluocinolone Acetonide 0.01%
Hydroquinone 5%
Emollient Cream
Sig: Apply to affected areas once daily at bedtime. Use sunscreen or sunblock as directed.

☐ **Glycolic Acid 10% / Urea 34% Cr.** Qty: _____
Sig: Apply topically to affected area twice daily

☐ **Potassium Hydroxide Aqueous Solution**
5%_____ 10%_____ Qty: _____
Sig: _____

☐ **Terbinafine 1.67% in DMSO Topical Susp.**
Sig: Apply topically to affected nail(s) BID

☐ **Omeprazole Susp. 2mg/ml** #_____ml
Sig: _____

☐ **Metronidazole Susp.**_____mg/ml #_____ml
Sig: _____

☐ **Cholestyramine/Mupirocin/Nystatin 10%/0.5%/25,000U in Aquaphor Oint**. #60 gm
Sig: AAA top with diaper changes

☐ **All Purpose Nipple Oint. #3 (Mupirocin/Betamethasone/Miconazole/Ibuprofen 1%/0.05%/2%/2%)** #30 gm
Sig: AAA on nipples after each feeding/pumping for up to 10 straight days.

☐ **Promethazine Top. Gel 25mg/0.2ml (also as ☐ 6.25mg/0.1ml)** #10 Doses
Sig: Rub 0.1-0.2 ml into inner wrists q8h PRN

☐ **Ketamine 4%/Ketoprofen 10%/Lidocaine 2% Lipoderm Cream** #30 gm
Sig: AAA 3-4x/day PRN pain

☐ **Clonidine 0.2%/Gabapentin 6%/Ketamine 10% Lipoderm Cream** #30 gm
Sig: AAA 3-4x/day PRN pain

☐ **LAMB Spray (Lidocaine/Atropine/Flagyl/Benadryl 0.05%/2%/2%/1%)** #60 ml
Sig: Spray AA top PRN pain

☐ **Triamcinolone/Lidocaine (Thick) 0.1%/2%** #120 ml
Sig: Swish and Spit 5 ml QID

☐ **Acyclovir/Lidocaine Lip Oint 5%/1%** #5 gm
Sig: AAA 1-2x/Day PRN

☐ **Estriol 0.05% Mucolox/Versabase Vag. Gel** #45 gm **Sig:** Insert 1-3gm vag x 7-10 nights, then PRN (usually 1-3x/week)

☐ **Progesterone** _____ mg **SR Capsules** #30 (or **4% topical cream** #30 ml)

☐ **Bi-Est** _____% / % _____ **(Estriol/Estradiol)** _____mg **SR Capsules** #60 (or 0.625mg/ml topical cream #30 ml

☐ **Testosterone 1% in HRT Cream** #9 ml
Sig: Apply 0.1-0.3 ml (1-3 mg) topically QAM as directed

☐ **Testosterone 10%** (or _____%) **in Vanpen Cr.** #30 ml
Sig: Apply 1 ml top QAM

☐ **Diazepam 10 mg Vaginal Suppositories** #30
Sig: Insert 1 supp vaginally HS as dir

☐ **Boric Acid 600 mg Vaginal Capsules** #30
Sig: Insert 1 cap vaginally after intercourse or if symptomatic PRN

☐ **Low Dose Naltrexone (LDN) 4.5 mg Capsules** #30
Sig: 1 cap PO HS or as directed

☐ **(4) Aminopyridine 10 mg Capsules** #30
Sig: 1 cap PO HS or 1 cap PO BID or 1 cap PO TID ***(circle one)***

_____ **Refills: 1 2 3 4 5 PRN**
Healthcare Provider Signature:
Print Name: _____ **Agent sending**: _____
NPI: _____ **DEA**: _____

Clinic Name:_____
Clinic Address:_____
Clinic Phone/Fax:_____