



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

- | | |
|---|---|
| <p><input type="checkbox"/> Nifedipine/Lidocaine/Hydrocortisone 0.3%/2.5%/1% Ointment #30 gm
Sig: AAA 3-4x/day x 6-8 wks for anal fissure.</p> <p><input type="checkbox"/> Diltiazem 2% Ointment #30 gm
Sig: AAA 3-4x/day x 6-8 wks for anal fissure.</p> <p><input type="checkbox"/> Hydrocortisone 1%/Lidocaine 2% Rectal Rocket Suppositories Qty: #5 each
Sig: 1 supp rect HS x 5 nights for hemorrhoids.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Salicylic Acid 20%5-Fluorouracil in DMSO #15 ml
Sig: AAA HS after debridement, cover overnight, wash off in morning, until resolution.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Potassium Hydroxide Aqueous Solution 10% #15ml
Sig: AAA with toothpick once daily until scab forms.</p> <p><input type="checkbox"/> Terbinafine 1.67% in DMSO Topical Susp.
Sig: Use brush to apply topically to affected nail(s) BID.</p> <p><input type="checkbox"/> Omeprazole Susp. 5mg/ml or _____ # _____ ml
Sig: _____</p> <p><input type="checkbox"/> Cholestyramine/Mupirocin/Nystatin 10%/0.5%/25,000U in Aquaphor Oint. #60 gm
Sig: AAA top with diaper changes.</p> <p><input type="checkbox"/> 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.</p> | <p><input type="checkbox"/> Promethazine Transdermal 25mg/0.2ml (also as <input type="checkbox"/> 6.25mg/0.1ml) #10 Doses
Sig: Rub 0.1-0.2 ml into inner wrists q8h PRN.</p> <p><input type="checkbox"/> Gabapentin 6%/Ketamine 10%/Ketoprofen 15%/Lidocaine 5% Lipoderm Cream #30 gm
Sig: AAA 3-4x/day PRN pain .</p> <p><input type="checkbox"/> Clonidine 0.2%/Gabapentin 6%/Ketamine 10% Lipoderm Cream #30 gm
Sig: AAA 3-4x/day PRN pain.</p> <p><input type="checkbox"/> Magic Mouthwash (Antacid OTC /Diphenhydramine 12.5mg/5ml/Lidocaine 2%) 1:1:1 #120 ml
Sig: Swish and Spit 5 ml QID.</p> <p><input type="checkbox"/> Triamcinolone/Lidocaine (Thick) 0.1%/2% #120 ml
Sig: Swish and Spit 5 ml QID.</p> <p><input type="checkbox"/> Tetracaine Lollipops 0.5% or 1% (circle) #4 or _____
Sig: Suck on for 30 seconds, every 1-2 hrs PRN (may re-use).</p> <p><input type="checkbox"/> Estriol 0.05% (0.5mg/gm) (Anhydrous Vaginal Gel) #30 gm Sig: Insert 1-3gm vag x 7-10 nights, then PRN (usually 1-3x/week).</p> <p><input type="checkbox"/> Progesterone _____ mg SR Capsules #30 or _____
Sig: _____</p> <p><input type="checkbox"/> Progesterone Cream 4% or other _____ #30ml
Sig: Apply 1ml topically once daily.</p> <p><input type="checkbox"/> Bi-Est _____% / % _____ (Estriol/Estradiol) _____mg SR Capsules #60 (or 0.625mg/ml topical cream #30 ml.</p> <p><input type="checkbox"/> Testosterone 2% in Versabase Cream #9 ml
Sig: Apply 0.1-0.3 ml (2-6 mg) topically QAM as directed.</p> <p><input type="checkbox"/> Testosterone 10% (or _____%) in Versabase Cr. #30 ml
Sig: Apply 1 ml top QAM.</p> <p><input type="checkbox"/> Diazepam 10 mg Vaginal Suppositories #30
Sig: Insert 1 supp vaginally HS as directed.</p> <p><input type="checkbox"/> Boric Acid 600 mg Vaginal Capsules #30
Sig: Insert 1 cap vaginally after intercourse or PRN.</p> <p><input type="checkbox"/> Low Dose Naltrexone (LDN) 1.5 mg or 4.5 mg (circle Strength) Capsules #90
Sig: 1 cap PO HS or as directed.</p> |
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 Healthcare Provider Signature:

Print Name: _____ Refills: 1 2 3 4 5 PRN
 NPI: _____ Agent sending: _____
 DEA: _____

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

