



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

<p><input type="checkbox"/> <b>Bleaching Cream Formula #1</b> Qty: 30gm  <b>Retinoic Acid</b>                    <b>0.05%</b>  <b>Fluocinolone Acetonide</b>    <b>0.01%</b>  <b>Hydroquinone</b>                    <b>5%</b>  <b>Emollient Cream</b>        Sig: Apply to affected areas once daily at bedtime. Use sunscreen or sunblock as directed.</p> <p><input type="checkbox"/> <b>Bleaching Cream Formula #2</b> Qty 30g  <b>Adapalene (Differin Cream)</b>    <b>0.05%</b>  <b>Fluocinolone Acetonide</b>        <b>0.01%</b>  <b>Hydroquinone</b>                    <b>5%</b>  <b>Emollient Cream</b>        Sig: Apply to affected areas once daily at bedtime. Use sunscreen or sunblock as directed.</p> <p><input type="checkbox"/> <b>Urea Cream 40% Thick</b> _____ Qty: 60g        Sig: Apply topically to affected area twice daily</p> <p><input type="checkbox"/> <b>Glycolic Acid 10% / Urea 34% Cream</b> Qty: _____        Sig: Apply topically to affected area twice daily</p> <p><input type="checkbox"/> <b>Glycolic Acid 20% / Urea 20% Cream</b> Qty: _____        Sig: Apply topically to affected area twice daily</p> <p><input type="checkbox"/> <b>Aluminum Chloride 40% (or other _____%) Soln.</b>        Qty: _____        Sig: _____</p> <p><input type="checkbox"/> <b>Thymol in Alcohol _____%</b>        Qty: _____        Sig: _____</p>	<p><input type="checkbox"/> <b>Wart Magic (Salicylic Acid 20%/Lactic Acid 10%/ Formaldehyde 8% in Flexible Collodion)</b> Qty: 15 ml        Sig: Apply topically to warts QHS and cover</p> <p><input type="checkbox"/> <b>Salicylic Acid 20%/ 5-FU 5% in DMSO</b> Qty: 15ml        Sig: Apply topically to warts QHS and cover</p> <p><input type="checkbox"/> <b>Cimetidine/Deoxy-D-Glucose/Ibuprofen 10%/0.29%/2% Cream</b> Qty: 30 gm        Sig: _____</p> <p><input type="checkbox"/> <b>Terbinafine 1.67% in DMSO Topical Suspension</b>        Sig: Apply topically to affected nail(s) BID</p> <p><input type="checkbox"/> <b>Potassium Hydroxide Aqueous Solution 10%</b>        Qty: _____        Sig: _____</p> <p><input type="checkbox"/> <b>Dermazinc 120 ml Spray With</b>  <b>Clobetasol Prop 50 mg _____</b> or With  <b>Betamethasone Dip 54 mg _____</b> Qty: _____        Sig: _____</p>
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Refills:    1    2    3    4    5    PRN

Healthcare Provider Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Agent sending: \_\_\_\_\_  
 NPI: \_\_\_\_\_ DEA: \_\_\_\_\_

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