

Dermatology Compounded Medication

Patient Information (Please provide front and back copy of patient's prescription insurance card if possible)

Patient Name:	Phone Number: () -
DOB:	Address:
Allergies:	

Acne

Compounded Medication	Directions	30 Grams	45 Grams	Refills
Azelaic Acid 15%/Niacinamide 2% Cream				
Niacinamide 4% Cream				
Potassium azeloyl diglycinate 10%/Salicylic Acid 2% Cream 30mL Foam* 45mL Foam*				
Benzoyl Peroxide 3% 4% 6%/Clindamycin 1%				
Niacindamide 2%/Tretinoin 0.05% 0.1% Cream				

Melasma/Hyperpigmentation

Compounded Medication	Directions	30 Grams	45 Grams	Refills
Azelaic Acid 15%/Kojic Acid 2% Cream				
Hydroquinone 8%/Tretinoin 0.05% 0.1% Cream				
Hydroquinone 5% 6% 8% Cream				
Hydrocortisone 2.5%/Hydroquinone 4%/Tretinoin 0.05% Cream				
Fluocinolone 0.01%/Hydroquinone 8%/Tretinoin 0.05% Cream				

Rosacea

Compounded Medication	Directions	30 Grams	45 Grams	Refills
Azelaic Acid 15%/Ivermectin 1%/Metronidazole 1% Cream				
Azelaic Acid 15%/Metronidazole 1% Cream				
Azelaic Acid 15%/Niacinamide 2% Cream				
Ivermectin 1%/Niacinamide 2% Cream				

Other

Compounded Medication	Directions	Quantity	Refills
Cicloporix 8%/Fluconazole 1%/Terbinafine 1% nail solution		10mL**	
Fluconazole 1%/Mupirocin 2%/Zinc Oxide 20% (1:1) Cream		30G 45G	
Minoxidil 9%/Progesterone 0.1% 0.2% scalp solution		60mL**	

Sun Protection Prescribers, if checked, this will be provided at no cost for patients also receiving medications from this form that cause sun sensitivity

Zinc Oxide 15% Ointment	Apply to the affected area as directed	20 Grams	PRN
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*Foam Price is \$65 for 30mL and \$90 for 45mL **Products are \$50

All Formulations Above are Alcohol Free

Provider Information

Office Name & Address:	Provider Name:
Phone:	Fax:
	DEA#:

DATE:

Total # of prescriptions:

Substitution Permissible

Dispense As Written