

Patient	DOB	
Contact Phone	E-Mail	
Address		
City	State	Zip
Allergies	Diagnosis	

Prescriber (required)		
Person Faxing Form (required)		
DEA	NPI	
Address		
City	State	Zip
Phone	Fax	

\*Information does not need to be repeated if already on file

**PLEASE FAX CURRENT PATIENT INSURANCE & DEMOGRAPHIC INFORMATION**  
**PLEASE CROSS OUT ANY UNWANTED INGREDIENTS FROM THE FORMULATIONS BELOW**

**Acne Rescue Cream**

Benzoil Peroxide 5 - 10%  
 Niacinamide 4% - 60 GM  
 Apply at Bedtime

**Mebendazole (Vermox)**

100mg/ml 2 doses UD **\*E-Rx Required**

**Lansoprazole 15mg/m130 ml**

**Lansoprazole 30mg/T130 ml**

1 ml daily or as directed **\*E-Rx Required**

**Clotricaine N**

Clotrimazole 1%  
 Hydrocortisone 1%  
 Lidocaine 2%  
 Neomycin sulfate 0.35gm 30g tube  
 Apply BID-TID PRN

**Diaper Rash Cream #1**

Nystatin 100.000 U/GM  
 Zinc oxide 20%  
 Vitamin A&D ointment  
 Dibucaine ointment 1%  
 Benzoin tincture compound 100gms  
 Apply after each diaper change



**Vira cream**

(Molluscum contagiosum)  
 Deoxy-D-glucose 0.19%  
 Pramoxine 1%  
 Diphenhydramine 1%  
 Miconazole 2.4% 100 gm  
 Apply twice a day AA

**Diaper Rash Cream #2**

Miconazole 0.25%  
 Nystatin 100,000 U/GM  
 Zinc oxide 20%  
 Petrolatum 50gm  
 Apply after each diaper change

**Antizood**

(insect bites solution)  
 Diphenhydramine 3%  
 Tripeleennamine 2%  
 Menthol 0.5%  
 Hydrocortisone 1%  
 Lidocaine 3%  
 Alcohol base 30 mls  
 Spray pm to affected area

**Augmentin suppositories #20**

200mg 300mg 400mg

Insert twice a day X10 days **\*E-Rx Required**

**Ibuprofen 200mg/m110 mls**

Transdermal gel UD **\*E-Rx Required**

**Tamiflu 12mg/ml \_\_\_\_\_ mls**

Take \_\_\_\_\_ mls BID **\*E-Rx Required**

**5FU Wart Cream**

Fluorouracil 5%  
 Lactic acid 5%  
 Tretinoin 0.1%  
 Acid mantle Q.S. 30GMS  
 Apply twice a day under occlusion

Prescriber Signature: \_\_\_\_\_ Refills: \_\_\_\_\_ Date: \_\_\_\_\_