



Phone: 210.467.5174 | Fax: 210.467.5184

Patient Name: _____ DOB: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ Male Female
 Allergies: _____

Office Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Melasma/Hyper-Pigmentation Treatment	Disp	RF
<input type="checkbox"/> Hydroquinone 4% + Tretinoin 0.05% + Dexamethasone 0.1% + Kojic acid 4% in Antioxidant cream Sig: Apply topically a thin layer to AA QHS as directed	<input type="checkbox"/> 40 grams	
<input type="checkbox"/> Hydroquinone 6% + Ascorbic acid 10% in Antioxidant Cream Sig: Apply a thin layer to affected area QHS as directed	<input type="checkbox"/> 40 grams	
<input type="checkbox"/> Hydroquinone 4% + Tretinoin 0.05% + Dexamethasone 0.1% in Antioxidant Cream Sig: Apply a thin layer to affected area QHS as directed	<input type="checkbox"/> 40 grams	
<input type="checkbox"/> Hydroquinone <input type="checkbox"/> 5% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10% <input type="checkbox"/> 12%		
<input type="checkbox"/> Dexamethasone 0.1% <input type="checkbox"/> Desonide 0.05% <input type="checkbox"/> Fluocinolone 0.01% <input type="checkbox"/> Hydrocortizone 0.5%		
<input type="checkbox"/> Tretinoin <input type="checkbox"/> 0.025% <input type="checkbox"/> 0.05% <input type="checkbox"/> 0.1% <input type="checkbox"/> Kojic acid <input type="checkbox"/> 2% <input type="checkbox"/> 4% <input type="checkbox"/> 6%		
<input type="checkbox"/> Ascorbic Acid <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> Tranaxemic acid <input type="checkbox"/> 5% <input type="checkbox"/> 6% <input type="checkbox"/> Azelaic <input type="checkbox"/> 10% <input type="checkbox"/> 15%	<input type="checkbox"/> 40 grams	
Sig: Apply a thin layer to affected area QHS as directed		
<input type="checkbox"/> Hydroquinone 4% cream – Commercially available Sig: Apply to affected area QHS as directed	<input type="checkbox"/> 30 grams	
<input type="checkbox"/> Tranexamic Acid Cap 250mg Sig: 1 Cap PO BID	<input type="checkbox"/> 60 Caps	
TRETINOIN Creams (acne / anti-wrinkle)	Disp	RF
<input type="checkbox"/> Tretinoin <input type="checkbox"/> 0.025% <input type="checkbox"/> 0.05% <input type="checkbox"/> 0.1% + Hyaluronic acid 0.1% Sig: apply topically a thin layer to affected area at bedtime or as directed by physician	<input type="checkbox"/> 30 grams	
<input type="checkbox"/> Clindamycin 1% + <input type="checkbox"/> Tretinoin 0.04% cream Sig: apply a pea size affected are QHS	<input type="checkbox"/> 30 grams	
FLUOROURACIL	Disp	RF
<input type="checkbox"/> Fluorouracil 4.5% + <input type="checkbox"/> Salicylic acid 10% cream for warts <input type="checkbox"/> Apply AA QHS	<input type="checkbox"/> 30 grams	
<input type="checkbox"/> Fluorouracil 2% + Salicylic acid 17% solution for warts <input type="checkbox"/> Apply AA QHS	<input type="checkbox"/> 30ml	
ROSACEA	Disp	RF
<input type="checkbox"/> Azelaic acid 15%+ Ivermectin 1% + Metronidazole 1% cream Apply a thin layer topically to affected area at bedtime or as directed by physician	<input type="checkbox"/> 40 grams	
ANTIFUNGAL	Disp	RF
<input type="checkbox"/> Fluconazole 2% + Ketoconazole 2% + Terbinafine 2% + Ibuprofen 2% + DMSO 30% Sig: apply twice daily as directed	<input type="checkbox"/> 15 ml	
<input type="checkbox"/> 4% Thymol in Ethyl Alcohol Sig: Apply QD to nail bed	<input type="checkbox"/> 15ml <input type="checkbox"/> 30 ml	
HAIR LOSS	Disp	RF
<input type="checkbox"/> Minoxidil 10% + Finasteride 2% + Latanoprost 0.004% solution Sig: AA on scalp QD	<input type="checkbox"/> 30ml	
<input type="checkbox"/> Minoxidil 8% + Estrone 0.05% + Latanoprost 0.004% solution Sig: AA on scalp QD	<input type="checkbox"/> 30ml	
<input type="checkbox"/> Minoxidil Solution <input type="checkbox"/> 5% <input type="checkbox"/> 7% <input type="checkbox"/> 8% <input type="checkbox"/> 10%		
<input type="checkbox"/> Finasteride <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Estrone 0.05%		
<input type="checkbox"/> Latanoprost <input type="checkbox"/> 0.004%, <input type="checkbox"/> Tretinoin 0.01% Apply to affected area on scalp QD	<input type="checkbox"/> 30ml <input type="checkbox"/> 60ml	
<input type="checkbox"/> Minoxidil 0.25 mg Caps Sig: 1 capsule po <input type="checkbox"/> QD <input type="checkbox"/> BID	<input type="checkbox"/> 30 caps <input type="checkbox"/> 60 caps	
Other	Disp	RF

Prescriber Name: _____ Prescriber Signature: _____
 DEA# _____ NPI# _____ Date: _____
 Supervising Physician _____ DEA# _____