

PATIENT

PLEASE INCLUDE FACE SHEET & INSURANCE CARDS

Name _____ DOB _____ Phone _____
Address _____ City, State _____ Zip _____

PRESCRIPTION

DATE: _____ Allergies: _____

DERMATITIS & ERYTHEMA

<input type="checkbox"/>	Betamethasone dip 0.05% <input type="checkbox"/> cream <input type="checkbox"/> Clobetasol prop 0.05% <input type="checkbox"/> lotion <input type="checkbox"/> Betamethasone val 0.1% <input type="checkbox"/> gel <input type="checkbox"/> Triamcinolone ace 0.1% <input type="checkbox"/> ointment	<i>mixed</i> 50:50 <i>with:</i>	<input type="checkbox"/> Aquaphor™ <input type="checkbox"/> ointment base <input type="checkbox"/> Eucerin™ <input type="checkbox"/> cream base	<i>add:</i> <i>(optional)</i>	<input type="checkbox"/> mupirocin 5% <input type="checkbox"/> menthol 0.25% <input type="checkbox"/> camphor 0.25% <input type="checkbox"/> salicylic acid 5% <input type="checkbox"/> clotrimazole 10% <input type="checkbox"/> fluconazole 1% <input type="checkbox"/> clobetasol 0.05%	<input type="checkbox"/> 30 gm <input checked="" type="checkbox"/> 60 gm <input type="checkbox"/> 120 gm
<input type="checkbox"/>	Coal Tar topical <input type="checkbox"/> 2% <input type="checkbox"/> lotion <input type="checkbox"/> 5% <input type="checkbox"/> cream <input type="checkbox"/> 10% <input type="checkbox"/> ointment <input type="checkbox"/> liquid			<i>add:</i> <i>(optional)</i>	<input type="checkbox"/> salicylic acid 5% <input type="checkbox"/> clobetasol 0.05%	<input type="checkbox"/> 30 gm <input checked="" type="checkbox"/> 60 gm
<input type="checkbox"/>	Dermazinc 0.25% spray w/ clobetasol <input type="checkbox"/> 0.05% <input type="checkbox"/> 0.1%	<input checked="" type="checkbox"/> 30 gm	<input type="checkbox"/>	Tacrolimus <input type="checkbox"/> 0.15% <input type="checkbox"/> ointment <input type="checkbox"/> 0.035% <input type="checkbox"/> cream	<input type="checkbox"/> add niacinamide 4% <input type="checkbox"/> add tretinoin 0.1%	<input type="checkbox"/> 30 gm <input checked="" type="checkbox"/> 60 gm
<input type="checkbox"/>	Clotrimazole and hydrocortisone cream: <input type="checkbox"/> 1% : 1% <input type="checkbox"/> 2% : 2%	<input checked="" type="checkbox"/> 30 gm	<input type="checkbox"/>	Metronidazole 1% and niacinamide 4% cream		<input type="checkbox"/> 60 gm

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ACNE & SKIN CARE

<input type="checkbox"/>	Hydroquinone 6%, citric acid 2% facial toner <input type="checkbox"/> in Witch Hazel <input type="checkbox"/> in 50% isopropyl alcohol	<input type="checkbox"/> 60 mL	<input type="checkbox"/>	Clindamycin topical gel: <input type="checkbox"/> 1.5% <input type="checkbox"/> 3%	<input checked="" type="checkbox"/> 30 gm <input type="checkbox"/> 60 gm
<input type="checkbox"/>	Hydroquinone 4%, hydrocortisone 1% and tretinoin 0.05% cream	<input type="checkbox"/> 30 gm	<input type="checkbox"/>	Clindamycin 1.8% and tretinoin 0.037% gel	<input checked="" type="checkbox"/> 30 gm
<input type="checkbox"/>	Hydroquinone cream <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 20%	<input type="checkbox"/> 30 gm	<input type="checkbox"/>	Clindamycin 1.8% and benzoyl peroxide 3.75% gel	<input checked="" type="checkbox"/> 30 gm
<input type="checkbox"/>	Tretinoin <input type="checkbox"/> cream <input type="checkbox"/> gel <input type="checkbox"/> 0.03% <input type="checkbox"/> 0.06% <input type="checkbox"/> 0.12%	<input checked="" type="checkbox"/> 20 gm <input type="checkbox"/> 45 gm	<input type="checkbox"/>	Glycopyrrolate 2% topical liquid	<input checked="" type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL
<input type="checkbox"/>	Scars: Fluticasone propionate 1%, levocetirizine 2%, pentoxifylline 0.5%, prilocaine 3% and gabapentin 15% cream	<input checked="" type="checkbox"/> 60 gm <input type="checkbox"/> 120 gm	<input type="checkbox"/>	Dark Circles: Phytonadione 0.5%, urea 2%, ascorbyl palmitate 6% and vitamin E 1% cream	<input checked="" type="checkbox"/> 15 gm

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NAIL CARE

<input type="checkbox"/>	Anti-fungal Nail Lacquer (Choose a single ingredient or combine up to four) <input type="checkbox"/> ciclopirox 10% <input type="checkbox"/> fluconazole 3% <input type="checkbox"/> tea tree oil 5% <input type="checkbox"/> itraconazole 3% <input type="checkbox"/> diclofenac 3% <input type="checkbox"/> econazole 1%	terbinafine: <input type="checkbox"/> 1% <input type="checkbox"/> 2.5%	urea: <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30%	<input checked="" type="checkbox"/> 10 mL <input type="checkbox"/> 15 mL	
<input type="checkbox"/>	Thymol 4% in 70% ethanol solution	<input checked="" type="checkbox"/> 30 mL	<input type="checkbox"/>	Miconazole 8% topical nail tincture	<input checked="" type="checkbox"/> 30 mL
<input type="checkbox"/>	Thymol 4%, fluconazole 2%, ibuprofen 2% and ketoconazole 2%	<input checked="" type="checkbox"/> 30 mL	<input type="checkbox"/>	Econazole nitrate 1% nail liquid	<input checked="" type="checkbox"/> 15 mL

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PROVIDER

Contact our Compounding Department at (855)237-9112

Prescriber Name _____ Phone _____ Fax _____

Prescriber Signature

(_____)
NPI or DEA

In-Office Contact Person

July Pricing \$25 \$40 \$65 \$80

*By signing this form and utilizing our services, you authorize Carepoint and its employees to serve as your designated Agent for handling prior authorizations and other medical and prescription insurance forms and communications

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KERATOLYTICS & WARTS

<input type="checkbox"/>	Lactic acid : salicylic acid <small>(strength indicates concentration of EACH ingredient)</small> <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> lotion <input type="checkbox"/> liquid <input type="checkbox"/> cream <input type="checkbox"/> paste <input type="checkbox"/> ointment <input type="checkbox"/> gel	<input type="checkbox"/> 30 gm <input type="checkbox"/> 60 gm	<input type="checkbox"/>	Urea <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% with salicylic acid 6% in ammonium lactate 12% cream	<input type="checkbox"/> 60 gm <input type="checkbox"/> 120gm
<input type="checkbox"/>	Salicylic acid 40% ointment	<input type="checkbox"/> 30 gm	<input type="checkbox"/>	Urea <input type="checkbox"/> 8% <input type="checkbox"/> 15% <input type="checkbox"/> 22% <input type="checkbox"/> 42% cream	<input type="checkbox"/> 30 gm
<input type="checkbox"/>	Cantharidin 0.9% topical solution	<input type="checkbox"/> 10 mL	<input type="checkbox"/>	5-Fluorouracil 2% & salicylic acid 20% film-forming liquid	<input type="checkbox"/> 15 mL
<input type="checkbox"/>	Cantharidin 1.2%, podophyllum 5%, salicylic acid 25% liquid	<input type="checkbox"/> 10 mL	<input type="checkbox"/>		

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SCALP CARE

<input type="checkbox"/>	Ketoconazole 2%, salicylic acid 2% and clobetasol 0.05% shampoo	<input type="checkbox"/> 12 oz	<input type="checkbox"/>	Minoxidil 5%, clobetasol propionate 0.05%, and tretinoin 0.025% topical liquid	<input type="checkbox"/> 12 oz
<input type="checkbox"/>	Ketoconazole 2%, salicylic acid 2%, fluocinolone 0.025% shampoo	<input type="checkbox"/> 12 oz	<input type="checkbox"/>	Minoxidil liquid <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> 10%	<input type="checkbox"/> 60 mL
<input type="checkbox"/>	Spironolactone 5% cream	<input type="checkbox"/> 30 gm	<input type="checkbox"/>		

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ANESTHETIC, ANTI-VIRAL & MISC.

<input type="checkbox"/>	Benzocaine 20%, lidocaine 8% and tetracaine 4% <input type="checkbox"/> ointment <input type="checkbox"/> cream <input type="checkbox"/> gel	<input type="checkbox"/> 100gm <input type="checkbox"/> 200gm	<input type="checkbox"/>	Benzocaine 20%, lidocaine 6% and tetracaine 4% <input type="checkbox"/> ointment <input type="checkbox"/> cream <input type="checkbox"/> gel	<input type="checkbox"/> 100gm <input type="checkbox"/> 200gm
<input type="checkbox"/>	Lidocaine 7%, tetracaine 7% <input type="checkbox"/> ointment <input type="checkbox"/> cream <input type="checkbox"/> gel	<input type="checkbox"/> 90 gm	<input type="checkbox"/>	Sirolimus 0.1mg/g cream	<input type="checkbox"/> 20 gm
<input type="checkbox"/>	Lidocaine 23%, tetracaine 7% <input type="checkbox"/> ointment <input type="checkbox"/> cream <input type="checkbox"/> gel	<input type="checkbox"/> 90 gm	<input type="checkbox"/>	N-acetylcysteine 10%, urea 5% and lavender oil lotion	<input type="checkbox"/> 150 gm
<input type="checkbox"/>	Imiquimod 5% and tretinoin 0.1% cream	<input type="checkbox"/> 10 gm <input type="checkbox"/> 20 gm	<input type="checkbox"/>	Fluorouracil cream: <input type="checkbox"/> 3% <input type="checkbox"/> 6% <input type="checkbox"/> add glycolic acid 50% <input type="checkbox"/> add salicylic acid 20%	<input type="checkbox"/> 30 gm <input type="checkbox"/> 60 gm

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