DERMATOLOGY FORMULATIONS

PATIENT INFORMATION	PRESCRIBER INFORMATION
NAME:_____ **DOB:**_____	**PRESCRIBER NAME:**_____
ADDRESS:_____	**NAME OF CLINIC:** _____
City _____ **State** _____ **Zip Code** _____	**ADDRESS:**_____
PHONE:_____ **Rx, Insurance Name & BIN #**_____	**City** _____ **State** _____ **Zip Code** _____
ID_____ **Group** _____	**PHONE:**_____ **FAX:**_____
Allergies _____	**DEA:**_____ **NPI:**_____

ACNE

☐ **Benzoyl peroxide 2.5%** **Tretinoin 0.05%** IN TOPICAL CREAM (CLARIFYING)	☐ **Benzoyl peroxide 10%** **Erythromycin 3%** IN TOPICAL CREAM (CLARIFYING)	☐ **Clindamycin 1%** **Benzoyl Peroxide 5%** IN TOPICAL CREAM (CLARIFYING)	☐ **Spironolactone 5%** IN TOPICAL CREAM (CLARIFYING)

ROSACEA

☐ **Ivermectin 1%** **Niacinamide 4%** TOPICAL CREAM (CLARIFYING)	☐ **Niacinamide 4%** **Metronidazole 1%** TOPICAL CREAM (CLARIFYING)	☐ **Niacinamide 5%** **Biotin 0.1%** **Potassium Azelaoyl Diglycinate 6%** TOPICAL CREAM (CLARIFYING)	☐ **Oxymetazoline HCL 0.06%** TOPICAL CREAM (CLARIFYING)

ECZEMA

☐ **TRANILAST 1%** **TACROLIMUS 0.1%** TOPICAL CREAM (XEMATOP)	☐ **Zinc Pyrithione 0.2%** **Clobetasol Propionate 0.05%** TOPICAL CREAM (XEMATOP)
☐ **TACROLIMUS 0.1%** **CYANOCOBALAMIN 0.07%** **ZINC PYRITHIONE 0.2%** TOPICAL CREAM (XEMATOP)	☐ **Fluocinonide 0.1%** TOPICAL CREAM (XEMATOP)

PSORIASIS

☐ **Tacrolimus 0.05%** TOPICAL CREAM (XEMATOP)	☐ **Salicylic Acid 1%** **Coal Tar Topical Solution 10%** TOPICAL CREAM (XEMATOP)
☐ **Sulfasalazine 5%** **Pentoxifylline 5%** TOPICAL CREAM (XEMATOP)	**Pyridoxine HCL 5%** **Zinc Pyrithione 2%** TOPICAL CREAM (XEMATOP)

IF YOU WOULD LIKE TO ADD ANY ADDITIONAL MEDICINES TO THE SELECTED FORMULATION PLEASE CHECK OTHER AND SPECIFY:

☐ OTHER:_____

DIRECTIONS:	QUANTITY: 30 DAY SUPPLY	REFILLS:
_____ _____	☐ 30GM ☐ 30ML ☐ 60GM ☐ 60ML ☐ 1ML ☐ OTHER:____	#_____
PRESCRIBER SIGNATURE:_____		**DATE:** _____

NOTE: Interchange is mandated unless the practitioner indicates '**no substitutions'** in accordance with the law: _____
NOTE: Copasil may be substituted for Pracasil-plus™ when applicable
NOTE: Formulations containing CONTROL SUBSTANCES must be written on a tamper-proof prescription pad

FOR PHYSICIAN USE ONLY – This Prescription Pad contains formulations developed with physicians and used in treatment of the listed associated medical conditions. The exact formulation may be in accordance with the professional clinical judgment of the physician in consultation with the patient.