

## COMPOUNDING DERMATOLOGY ORDER FORM

<b>Patient Name:</b>  <b>Address:</b>  <b>Phone:</b>	<input type="checkbox"/> Charge to patient  <input type="checkbox"/> Invoice to clinic  <input type="checkbox"/> Post to patient  Please attach the written instruction
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Indication	Compounded Formula
Dermatitis/psoriasis	<input type="checkbox"/> Tacrolimus ointment/cream __%
Diagnosis/PDT	<input type="checkbox"/> 5-ALA 20% solution 5 ml
Eyelash Enhancing	<input type="checkbox"/> Latanoprost 0.005% 9 ml
Hyperhidrosis	<input type="checkbox"/> Aluminium Chloride 35% 100 ml
Local Anaesthetic	<input type="checkbox"/> Lidocaine 23% / Tetracaine 7% in anhydrous gel <input type="checkbox"/> Benzocaine __% <input type="checkbox"/> Tetracaine __% <input type="checkbox"/> Lignocaine __% <input type="checkbox"/> Ketaprofen __%
Pigmentation	<input type="checkbox"/> Hydroquinone __% <input type="checkbox"/> Retinoic Acid __% <input type="checkbox"/> Ascorbic Acid __% <input type="checkbox"/> Fluocinolone __% <input type="checkbox"/> Hydrocortisone __% <input type="checkbox"/> Kojic Acid __% <input type="checkbox"/> Monobenzone __%
Warts	<input type="checkbox"/> DCP 2% 10 ml <input type="checkbox"/> Cantharidin 0.7% 10ml <input type="checkbox"/> Trichloroacetic Acid (50 -60 %) 10 ml __% <input type="checkbox"/> Upton's Paste 25 gm
Custom Formulation	<input type="checkbox"/> _____ + _____ + _____  Eg Ascorbic Acid, Coal Tar, Niacinamide, Vitamin E, Estriol, Urea, Erythomycin etc

Directions	Dose	Quantity	Repeats
<input type="checkbox"/> Apply to affected areas OD BID TID QID PRN  <input type="checkbox"/> For Doctor's Use  <input type="checkbox"/> _____	<input type="checkbox"/> _____ pumps (1 pump=0.5ml)  <input type="checkbox"/> _____	<input type="checkbox"/> 50 gm <input type="checkbox"/> 100 gm <input type="checkbox"/> 200 gm <input type="checkbox"/> _____ gm	1 2 3 4 5

Prescriber Details:	
Prescriber :	Address:
Prescriber #:	Contact Number:
Signature:	Date:

Please send completed prescription to:



**THE COMPOUNDING PHARMACY - CROWN ST**

129 Crown St Darlinghurst 2010  
 darlinghurst@tcpa.com.au  
 1300 244 072 option 2  
 Fax: 9012 0363

**THE COMPOUNDING PHARMACY AUSTRALIA**

50 Avenue Rd Mosman 2088  
 info@tcpa.com.au  
 1300 244 072 option 1  
 Fax: 9012 0013

Please post original prescriptions to applicable address.