

Patient Name: _____
Date of Birth: _____
Phone: _____

Physician: _____
Phone: _____ Fax: _____
DEA (for controlled substance): _____

NAIL FUNGAL SOLUTION

Fluconazole 4% in DMSO QTY: 30mL 60mL Refills: _____

Sig: Apply to affected nails BID

WART CREAM

5-Fluorouracil 2.5%, Glycolic Acid 35% Cream QTY: 15gm 30gm Refills: _____

Sig: Apply to wart BID

GREEN TEA 15% VAGINAL SUPPOSITORY or CREAM

Circle one: Suppository Cream ADD: Vitamin A/D Other: _____

Sig: Insert/apply one suppository/one mL vaginally every other night for two months QTY: _____ Refills: _____

OXYTOCIN CREAM or SPRAY

Cream: Circle one: 20 IU/mL 40 IU/mL Other: _____

Sig: Apply 0.25-0.5 mL vaginally prior to intercourse or use three times a week QTY: _____ Refills: _____

Nasal Spray: 100 IU/mL Other: _____

Sig: Spray 1 or 2 sprays (circle one) into each nostril _____ times per day QTY: 12mL Other: _____ Refills: _____

GROUP B STREP HERBAL CREAM

Oregon Graperoot, Usnea, Calendula Oil ADD: Mupirocin 2% Clindamycin 2%

Sig: Insert one applicator full vaginally, or apply topically QHS PRN 7-10 days QTY: 35gm 50gm Refills: _____

IRON DEFICIENCY CREAM

Ferric Ammonium Citrate 222mg/mL QTY: 35gm 60gm Refills: _____

Sig: Apply 1 mL to each inner thigh or bottom of feet QHS (2 mL total)

TOPICAL SKIN RELIEF CREAMS Titles used are for descriptive purposes only

1 ECZEMA CREAM

Biotin 0.2mg, B12 0.7mg, B6 5mg,
Zinc Oxide 5mg, Vit A 1,000IU,
Vit E 100IU, Vit D 200IU/mL
(in Versabase unless otherwise specified)

Sig: Apply topically to the affected area BID

Add: Xematop
 Hydrocortisone 0.5% 1% 2%

30gm 60gm Refills: _____

2 ROSACEA CREAM

Metronidazole 1%, Niacinamide 4%,
Green Tea 2%, Zinc Oxide 5%

Sig: Apply topically to the affected area BID

30gm 60gm Refills: _____

3 ACNE CREAM

Metronidazole 1%, Niacinamide 4%,
Tetracycline HCL 2%, Green Tea 0.5%,
Zinc Oxide 10% in Pracasil-Plus™

Sig: Apply topically to the affected area BID

Add: Spironolactone 5%
 Azelaic Acid 10%

30gm 60gm Refills: _____

4 PSORIASIS CREAM

Biotin 0.2mg, Zinc Oxide 5mg,
Vit A 1,000IU, Vit E 100IU, Vit D 200IU/
mL, Green tea 50mg, Metronidazole 50mg/
Ketoconazole 50mg per mL in Xematop

Sig: Apply topically to the affected area BID

30gm 60gm Refills: _____

5 ALL PURPOSE NIPPLE OINTMENT

Mupirocin 1%, Miconazole 2%,
Betamethasone Valerate 0.05%

Sig: Apply topically to the affected area 2-3
times per day

30gm 60gm Refills: _____

6 ESTRIOL FACE CREAM

Estriol 0.2%, Co Q10 1%, Vit A Palmitate
0.3%, Vit C (Ascorbyl Palmitate) 3%,
Vit E Acetate 0.6%
(in Versabase unless otherwise specified)

Sig: Apply every night at bedtime

30gm 60gm Refills: _____

SIGNATURE: _____ DATE: _____