

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 (2000 IU)  Vitamin (1000 IU) 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

Sig: Apply 1 mL to each inner thigh or bottom of feet QHS (2 mL total) QTY: 35gm 60gm Refills: \_\_\_\_\_

**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: \_\_\_\_\_