

PATIENT INFO	PROVIDER INFO
Patient Name: _____	Provider Name: _____
Patient Phone #: _____	Practice Phone #: _____
Patient Address: _____	Practice Address: _____
City/State: _____ DOB: _____	City and State: _____
ALLERGIES* : _____	Providers NPI# : _____

PLEASE INCLUDE COPY OF PATIENT DEMOGRAPHICS WITH THIS FORM

ACNE	REFILL
<input type="checkbox"/> Spironolactone 5%, Clindamycin 1%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Spironolactone 5%, Clindamycin 1%, Glycolic 5%, Niacinamide 4%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Benzoyl peroxide 3%, Clindamycin 1% Gel	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Clindamycin 1% Gel, Tretinoin 0.025%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Clindamycin 1% Gel, Tretinoin 0.05%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Clindamycin 1% Gel, Tretinoin 0.1%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Sodium sulfacetamide 11%, Sodium Hyaluronate 0.1% Gel	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Sulfacetamide Sodium-Sulfur 15/5% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
ANTI-AGING	
<input type="checkbox"/> Tretinoin Cream <input type="checkbox"/> 0.03% <input type="checkbox"/> 0.06% <input type="checkbox"/> 0.09% <input type="checkbox"/> 0.12%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Tretinoin <input type="checkbox"/> 0.05% or <input type="checkbox"/> 0.1%, Sodium Hyaluronate 0.1% Gel	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA once daily in PM # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Tretinoin <input type="checkbox"/> 0.025% <input type="checkbox"/> 0.05% <input type="checkbox"/> 0.1%, Nicacinamide 2% <input type="checkbox"/> Add Hyaluronic Acid 0.5%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply lightly to AA once daily in PM # _____ PRN <input type="checkbox"/>
ACTINIC KERATOSES	
<input type="checkbox"/> Fluorouracil 5% Emollient	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 1-2x daily as needed # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Fluorouracil <input type="checkbox"/> 0.75% <input type="checkbox"/> 5%, Sodium Hyaluronate 0.1% Gel	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 1-2x daily as needed # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> 5-Fluorouracil <input type="checkbox"/> 0.75% <input type="checkbox"/> 5%, Niacinamide 2% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 1-2x daily as needed # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> 5-Fluorouracil 0.75%, Calcipotriene 0.005% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 2x for 4 days # _____ PRN <input type="checkbox"/>
ANTI-FUNGAL / NAIL	
<input type="checkbox"/> Fluconazole 3%, Itraconazole 3%, Terbinafine 1% Nail Lacquer	<input type="checkbox"/> 60g Apply to affected nails until resolved # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Fluconazole 3%, Miconazole 10%, Gentamycin 0.2% in Recura Base	<input type="checkbox"/> 60g Apply to affected nails until resolved # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Fluconazole 2%, Terbinafine 2% in DMSO	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to affected nails until resolved # _____ PRN <input type="checkbox"/>
ALOPECIA	
<input type="checkbox"/> MALES: Minoxidil 5%, Finasteride 0.1%, Niacinamide 5%, Tretinoin 0.1% in Trichosol solution	<input type="checkbox"/> 30ml <input type="checkbox"/> 60ml Apply to AA 1x daily as directed # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> MALES: Minoxidil 5%, Tretinoin 0.025%, Finasteride 0.1%, Desonide 0.05%	<input type="checkbox"/> 30ml <input type="checkbox"/> 60ml Apply to AA 1x daily as directed # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> FEMALES: Minoxidil 5%, Tretinoin 0.1%, Niacinamide 5% in Trichosol sol	<input type="checkbox"/> 30ml <input type="checkbox"/> 60ml Apply to AA 1x daily as directed # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> FEMALES: Minoxidil 5%, Tretinoin 0.025%, Spironolactone 2%, Desonide 0.05%	<input type="checkbox"/> 30ml <input type="checkbox"/> 60ml Apply to AA 1x daily as directed # _____ PRN <input type="checkbox"/>
DERMATITIS/PRURITIS	
<input type="checkbox"/> Menthol 0.5%, Pramoxine 1%, Doxepin 2%, BetamethasoneDP 0.05% cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 2x daily # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Doxepin 5%, Niacinamide 2% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 2x daily # _____ PRN <input type="checkbox"/>
SCAR THERAPY	
<input type="checkbox"/> BetamethasoneDP 0.05%, Niacinamide 2%, Caffeine 1%, Pentoxifylline 3% (Silicone base)	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply lightly to scar 2x per day # _____ PRN <input type="checkbox"/>
<input type="checkbox"/> Praca-Sil Plus Scar/Fluocinonide 0.05%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply lightly to scar 2x per day # _____ PRN <input type="checkbox"/>

Provider's Signature: _____

Date: _____

Advanced Rx Pharmacy

FAX TO: 615-866-6293

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ROSACEA	REFILL	
<input type="checkbox"/> Metronidazole 1%, Niacinamide 4% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA every AM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Metronidazole 1%, Niacinamide 4% Cream - w/Acetyl D Glucosamine 5%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA every AM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Metronidazole 1%, Niacinamide 4% Cream - w/ Salicylic Acid 2%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA every AM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Metronidazole 1%, Oxymetazoline .5%, Niacinamide 4%	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA every AM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Oxymetazoline 0.9%, Niacinamide 2% cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA every AM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Brimonidine 0.25% topical gel	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 1x daily in AM # _____ PRN <input type="checkbox"/>	
VITILIGO, PSORIASIS, ECZEMA, DERMATITIS		
<input type="checkbox"/> Ketoconazole 2%, Clobetasol Propionate 0.05% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 1-2x daily # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Salicylic Acid 5%, Urea 10% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 1-2x daily # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Salicylic Acid 5%, Urea 10% - with Clobetasol 0.05% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 1-2x daily # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Clobetasol Propionate 0.05%, Levocetirizine 2%, Doxepin 5% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 1-2x daily # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> DHS Zinc, Clobetasol 0.05% Shampoo	240ml Leave on for 10mins then rinse # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Ketoconazole 2%, Salicylic Acid 2%, Clobetasol 0.05% Shampoo	240ml Leave on for 10mins then rinse # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> LCD 2%, Salicylic Acid 6%, Clobetasol 0.05% Ointment	<input type="checkbox"/> 60g <input type="checkbox"/> 120g Apply to AA 1-2x daily # _____ PRN <input type="checkbox"/>	
MELASMA		
<input type="checkbox"/> Tretinoin <input type="checkbox"/> 0.025% <input type="checkbox"/> 0.05% <input type="checkbox"/> 0.1%, Hydroquinone 5%, Vit. E 1%, Kojic	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply lightly to AA 1x in PM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Hydroquinone <input type="checkbox"/> 4% <input type="checkbox"/> 4.5% <input type="checkbox"/> 6% <input type="checkbox"/> _____% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply lightly to AA 1x in PM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Tretinoin 0.05% , Betamethasone 0.05%, Hyrdroquinone 4% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply lightly to AA 1x in PM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Mild: Hydroquinone 4%, Tretinoin 0.05%, Desonide 0.05% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply lightly to AA 1x in PM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Aggressive: Hydroquinone 4%, Tretinoin 0.05%, Kojic Acid 1%, Glycolic	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply lightly to AA 1x in PM # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Maintenance:Tretinoin 0.05%, Kojic Acid 2%, Hydroquinone 5% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply lightly to AA 1x in PM # _____ PRN <input type="checkbox"/>	
WART/HPV		
<input type="checkbox"/> Fluorouracil 5%, Salicylic Acid 30%, Cimetidine 2%, Deoxy-D-Glucose	<input type="checkbox"/> 30g Apply to wart 1x in PM and cover # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Imiquimod 5%, Salicylic Acid 10% Cream <input type="checkbox"/> add 5-Fluorouracil 5%	<input type="checkbox"/> 10g <input type="checkbox"/> 20g Apply to wart 1x in PM and cover # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> 5-Fluorouracil 5%, Salicylic Acid 20% Liquid	15ml Apply to wart 1x in PM and cover # _____ PRN <input type="checkbox"/>	
PAIN		
<input type="checkbox"/> Post-herpetic neuralgia: Lidocaine 5%, Diphenhydramine 10%,	<input type="checkbox"/> 60g Apply to AA 2-4x daily # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Active HSV Outbreak: Acyclovir 5%, Amitriptyline 5%, Gabapentin 5%,	<input type="checkbox"/> 60g Apply to AA 2-4x daily # _____ PRN <input type="checkbox"/>	
<input type="checkbox"/> Ketoprofen 10%, Amitriptyline 2%, Gabapentin 6%, Lidocaine 5% Cream	<input type="checkbox"/> 30g <input type="checkbox"/> 60g Apply to AA 2-4x daily # _____ PRN <input type="checkbox"/>	
OTHER	QTY	SIG
<input type="checkbox"/>		# _____ PRN <input type="checkbox"/>
<input type="checkbox"/>		# _____ PRN <input type="checkbox"/>

Provider's Signature: _____ **Date:** _____