



SPECIALTY COMPOUNDING

2222 Indiana Ave, Lubbock, TX 79410

Call/Text: 806.209.5140

PRESCRIBER ORDER FORM
FAX COMPLETED FORM TO: 806-209-5141

Patient Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth: _____

Allergies: _____

Prescriber Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

DEA: _____ NPI: _____

ACNE

- Tretinoin _____ (0.025% - 0.1%) + Niacinamide 4%
- Salicylic acid _____ % (1%-2%)
- Benzoyl peroxide _____ %
- Clindamycin _____ %

Apply to affected area QHS. Wear sunscreen.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

ROSACEA

- Azelaic Acid 15%/Ivermectin 1%/Metronidazole 1%
- Metronidazole 1%/Niacinamide 4%
- Oxymetazoline 1%/ Tea Tree Oil 5%

Apply to affected area QHS. Wear sunscreen.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

ACTINIC KERATOSIS

- Fluorouracil 2.5%/Calcipotriene 0.0025%

Apply to affected area twice daily for 5 days - wear sunscreen daily.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

LIGHTENING CREAM

- Hydroquinone 4%/Tretinoin 0.05%/Fluocinolone 0.01%

Apply to affected area at bedtime for up to 8 weeks then take 4-week break. Wear sunscreen daily.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

FINE LINES AND WRINKLES

- Estriol 0.3%/Ascorbic acid 1%/Hyaluronic acid 0.5%

Apply to face daily. Wear sunscreen daily.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

SKIN CONDITIONS

- Wart Peel (5-FU 2%/Sal Acid 17%) 10 gm

Apply to affected area and cover with duct tape or waterproof bandaid QHS. Wash off in morning.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

- Callus Ointment (30% Urea in Aquaphor) 60 gm

Apply to callus or fissure twice daily until healed.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

- Terbinafine 2% / Miconazole 2% / IBU 2% / DMSO Nail Solution 20 mL

Apply to nails twice daily for 3-6 months until healed.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

- Terbinafine 2% / Miconazole 2% / IBU 2% cream 60 gm

Apply to affected area of skin twice daily until clear.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

PROVIDER SIGNATURE: _____ DATE: _____

DELIVERY

- Patient Picks up and Pays
- Bill and Ship to Clinic
- Bill and Ship to Patient

IF YOU DO NOT SEE WHAT YOU NEED, PLEASE CALL: 806-209-5140