

Patient Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 Date of Birth: _____
 Allergies: _____

Prescriber Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 DEA: _____ NPI: _____

TOPICAL FORMULATIONS IN PRACASIL

- Tretinoin _____% (0.025-0.1%)
 Hydroquinone _____% (4-8%)
 Hydrocortisone _____% (0.05-0.1%)

Apply at bedtime each night, and wear sunscreen daily.
 If irritation occurs, then decrease use to every other night.
 Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

ROSACEA

- Metronidazole 1%/Niacinamide 4%

Apply to affected area 1-2 times daily. Wear sunscreen.
 Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

PSORIASIS/ECZEMA

- Tacrolimus 0.1%/Naltrexone 0.5%

Apply to affected area 1-2 times daily. Wear sunscreen.
 Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

ACNE

- Tretinoin _____% (0.25-0.1)
 Salicylic acid _____% (1-2)
 Benzoyl peroxide
 Clindamycin 1%
 Niacinamide 4%

Apply to affected area QHS. Wear sunscreen.
 Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

SKIN CONDITIONS

- Salicylic Acid 80% (10 gm)

Apply to affected area QHS, and then cover with duct tape or
 waterproof and-aid QHS until healed. Wash off in morning.
 If irritation occurs, decrease use to every other day.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

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

Apply to affected area and cover with duct tape or waterproof band-aid
 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 (20ml)

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

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

PROVIDER SIGNATURE: _____

DATE: _____

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