


 2222 Indiana Ave.
 Lubbock, TX 79410

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 ____ % (0.25-0.1) + 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: _____

DELIVERY

- Mail to Patient
 Pick up at Ivy
 Deliver to Patient

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

ivy-rx.com

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%) (10gm)

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) (60gm)

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 (60gm) Apply to affected area of skin twice daily until clear.

Dispense _____ Refills 1 2 3 4 5

Additional Instructions: _____

PROVIDER SIGNATURE: _____

DATE: _____

