

Patient Information

Name:		DOB:	
Address:		City:	
State:	Zip:	Cell:	Home:

Acne		Eczema/Psoriasis	
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<input type="checkbox"/> Azelaic Acid 15% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> Benzoyl Peroxide 5% / Clindamycin 1% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> Benzoyl Peroxide 10% / Erythromycin 3% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> Benzoyl Peroxide 15% / Erythromycin 4% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> Benzoyl Peroxide 2.5% / Tretinoin 0.05% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> CBD Blemish Cream (100mg CBD/Myaderm) <input type="checkbox"/> Clindamycin 1% / Tretinoin 0.025% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> Clindamycin 1% / Tretinoin 0.05% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g	<input type="checkbox"/> Cyanocobalamin 0.1% (XemaTop) 30g <input type="checkbox"/> Clobetasol Propionate 0.075% (XemaTop) 30g <input type="checkbox"/> Fluocinonide 0.1% / Cyanocobalamin 0.1% (XemaTop) 30g <input type="checkbox"/> Zinc Pyrithione 0.2% / Clobetasol Propionate 0.05% / Cyanocobalamin 0.1% (XemaTop) 30g <input type="checkbox"/> Coal Tar Solution 5% / Salicylic Acid 6% / Clobetasol Propionate 0.05% 30g <input type="checkbox"/> Tacrolimus 0.1% / Cyanocobalamin 0.1% / Zinc Pyrithione 0.2% 30g <input type="checkbox"/> Naltrexone 1% 30g <input type="checkbox"/> Naltrexone 0.5% / Diphenhydramine 2% / Vitamin D3 5000 IU/g 30g <input type="checkbox"/> Methotrexate 1% 30g
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Qty:	Refills:
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Nail Fungus	
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<input type="checkbox"/> Erythromycin 2% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> Erythromycin 3% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> Spironolactone 5% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> Tretinoin 0.075% <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> Tretinoin 0.1% in PracaSil Plus Gel <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g <input type="checkbox"/> 30g	<input type="checkbox"/> Itraconazole 2% / Tea tree oil 5% / DMSO 15mL <input type="checkbox"/> Itraconazole 2% / DMSO 15mL <input type="checkbox"/> Ketoconazole 600mg / Fluconazole 600mg / Terbinafine 500 mg / Tea tree oil 5% / DMSO 15mL
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Add: <input type="checkbox"/> Superoxide dismutase 0.5% <input type="checkbox"/> Vitamin D3 0.5%	Sig:
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Add: <input type="checkbox"/> Niacinamide 4% <input type="checkbox"/> Oxymetazoline 1%	Qty:
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Sig:	Refills:
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Shingles	
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Qty:	Refills:
<input type="checkbox"/> Benzocaine 20% / Lidocaine 6% / Tetracaine 4% <input type="checkbox"/> 30g <input type="checkbox"/> 60g <input type="checkbox"/> 120g	<input type="checkbox"/> Acyclovir 5% / Lidocaine 2% 30g <input type="checkbox"/> Acyclovir 5% / Gabapentin 10% / Lidocaine 2% 30g <input type="checkbox"/> DDG 2% / Gabapentin 10% / Ketoprofen 5% / Amitriptyline HCl 2% / Tetracaine HCl 1% 30g

Sig: Office use only, not for resale.	<input type="checkbox"/> Ketamine 10% / Lidocaine 10% / Gabapentin 6% /
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Sig:	Diclofenac 3% 30g
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Qty:	Add: <input type="checkbox"/> Acyclovir 5%
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Rosacea (Made with Clarifying Base)	
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<input type="checkbox"/> Niacinamide 4% / Metronidazole 1% 30g Add: <input type="checkbox"/> Superoxide dismutase 0.5% <input type="checkbox"/> Vitamin D3 0.5% Replace: <input type="checkbox"/> Niacinamide with Oxymetazoline 1%	<input type="checkbox"/> Ketoprofen 10% / Lidocaine 5% / Acyclovir 5% 30g
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Sig:	Sig:
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Qty:	Refills:
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Provider:	Signature:	Date:
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DEA:	Phone:	Fax:	
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Address:	City:	State:	Zip:
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Patient Information			
Name:		DOB:	
Address:		City:	
State:	Zip:	Cell:	Home:
Scars		Skin Bleaching / Lightening	
<input type="checkbox"/> Medi Miracle Scar Cream (PracaSil) <input type="checkbox"/> 7.5g <input type="checkbox"/> 15g Add: <input type="checkbox"/> Aloe Vera 0.5% <input type="checkbox"/> Betamethasone 0.5% Add: <input type="checkbox"/> Fluocinolone Acetonide 0.1% / Hydroquinone 4% / Tretinoin 0.05% Add: <input type="checkbox"/> Hydroquinone 4% <input type="checkbox"/> Pentoxifylline 0.5% Add: <input type="checkbox"/> Spira-Wash / PracaSil-Plus Add: <input type="checkbox"/> Tretinoin 0.1% <input type="checkbox"/> Verapamil 10% <input type="checkbox"/> Urea 20% Add: <input type="checkbox"/> Urea 15% / PracaSil-Plus Add: <input type="checkbox"/> Verapamil 10% <input type="checkbox"/> Vitamin E 2%		<input type="checkbox"/> Kojic Acid 6% / Hydroquinone 6% / Hydrocortisone 1% / Tretinoin 0.05% 30g <input type="checkbox"/> Fluocinolone Acetonide 0.01% / Hydroquinone 4% / Tretinoin 0.1% / Aloe 0.2% 30g <input type="checkbox"/> Hydroquinone 8% cream 30g <input type="checkbox"/> Hydroquinone 4% gel 30g Replace: <input type="checkbox"/> Make using PracaSil instead of cream Sig: Qty: Refills:	
<input type="checkbox"/> Medi Miracle Gel (Diphenhydramine 2% / Hydrocortisone 1% / Pramoxine 1% / Aloe Vera 0.5% / Camphor 0.3% / Menthol 0.3% 30g Sig: Qty: Refills:		Wound Care / Debridement	
Warts / Actinic Keratosis <input type="checkbox"/> Fluorouracil 2% <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> 45g <input type="checkbox"/> Fluorouracil 4% <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> 45g <input type="checkbox"/> Fluorouracil 6% <input type="checkbox"/> 15g <input type="checkbox"/> 30g <input type="checkbox"/> 45g <input type="checkbox"/> Cantharidin 0.7% Solution 10mL <input type="checkbox"/> Wart Kit – Salicylic Acid 17% / Fluorouracil 2% / Acyclovir 2% / DDG 0.2% 5g <input type="checkbox"/> Wart Kit 2– Salicylic Acid 17% / Cimetidine 10% / Acyclovir 2% / Naltrexone 1% / DDG 0.2% 5g <input type="checkbox"/> Wart Kit 3—Salicylic Acid 17% / Acyclovir 2% / DDG 0.2% 5g Sig: Qty: Refills:		<input type="checkbox"/> Bupivacaine 1% spray 60mL <input type="checkbox"/> Metronidazole powder (in accordion puffer) 10g <input type="checkbox"/> Phenytoin Sodium 2% / Nifedipine 5% / Misoprostol 0.024% Gel (PracaSil) 30g <input type="checkbox"/> B&B Paste (Bourbon and Bismuth) 30g <input type="checkbox"/> White Paste (Zinc oxide 15%, Boric Acid 5%, Silicone 2%) 60 grams <input type="checkbox"/> Pink Paste (Aluminum Chlorohydrate 7.7%, Calamine 2% Sucrose 1.5%) 60 grams <input type="checkbox"/> Collagenase 250 units/g / Urea 10% 100g Sig: Qty: Refills: Notes:	
Provider:		Signature:	
DEA:		Date:	
Phone:		Fax:	
Address:		City:	
State:		Zip:	

Longley's Pharmacy 785 Chickamauga Ave, Rossville GA 30741 P: 706-866-1220 F: 706-861-7505
 Thrifty MedPlus Pharmacy 5032 Ooltewah-Ringgold Road, Ste 100, Ooltewah TN 37363 P: 423-396-6963 F: 423-396-6947