



Compounding Pharmacy  
Unique Medications For Your Individual Patients

### Dermatology Fax Prescription Form • 805.733.2061 Possible Compound Combinations

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Acne:**

- Retinoic Acid 0.05% / Betamethasone Dipropionate 0.064% / Triamcinolone Acetonide 0.5% Cream
- Glycolic Acid 20% / Retinoic Acid 0.025% / Sunscreen Topical Gel
- Tretinoin 0.05% / Gluconic Acid 5% / Lactic Acid 10% Facial Gel
- Niacinamide 5% / Biotin 0.1% / Potassium Azelaoyl Diglycinate 6% Topical Gel

**Psoriasis:**

- Triamcinolone 0.1% / Salicylic Acid 3% / Coal Tar Solution 10% Topical Gel
- Fluorouracil 5% / Salicylic Acid 30% / Retinoic Acid 0.1% Gel
- Calcitriol 0.5 MCG / Gm Topical Ointment
- Calcipotriene 0.003% Scalp Psoriasis Lotion

**Skin Cancer:**

- Tretinoin 0.5% Cream
- Jessner's Solution: 14% lactic Acid / 14% Salicylic Acid / 14% Resorcinol in Ethanol

**Pityriasis Alba:**

- Coal tar 2%/Diodohydroxyquinolin 1%/ Hydrocortisone 0.5% Cream

**Eczema:**

- Menthol 0.25% / Phenol 0.5% / Triamcinolone 0.1%
- 0.07% Vitamin B12 Cream
- Allantoin / Collagen / Elastin Oil Free Moisturizer
- Sodium Cromoglycate

**Warts:**

- Podophyllum 10% or 20% in Benzoin Tincture
- Salicylic Acid 40% / Acetic Acid 3% in Flexible Collodian
- Diphenylcyclopropanone (DPCP) Solution for Facial Warts

**Scars:**

- Collagenase 350 U / Gm / Hyaluronidase 250 U / Gm / Borage Oil 3% Topical Cream
- Silicone Fluid 6% / Sodium Pyrrolidone 5% / Emu oil 2% / Urea 4% Topical Cream

**Scabies:**

- Topical Ivermectin

**Excessive Facial Hair:**

- Eflornithine HCL cream 15%

**All of our drugs can be compounded with varying degrees of strength. You may write in your request under Other Customized Script below.**

Dispense: \_\_\_\_\_ Refill: 1  2  3  4  5  pm  SIG: \_\_\_\_\_

Other Customized Script: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ DEA: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Our products can be customized for your practice. Call us for more details!*