



Compounding Pharmacy  
Unique Medications For Your Individual Patients

Mesotherapy Fax Prescription Form • 805.733.2061

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

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

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

**Fat Loss:**

- Phosphatidylcholine / DCA 10 / 8.4%
- Phosphatidylcholine / DCA 5 / 4.75%
- Aminophylline 25 mg / ml
- Yohimbine 5 mg / ml
- Caffeine / Sodium Benzoate 50 mg / ml
- Isoproterenol 4 picomoles / 0.2 ml

**Muscle Relaxers / Pain/ Inflammation:**

- Lidocaine 2%
- Triamcinolone 10 mg / ml
- Baclofen .05 mg / ml
- Procaine 2%

**Dermatology:**

- Collagenase 250 & 1,000 units / ml
- Glycolic Acid 1%
- Hyaluronic Acid 10 mg / ml
- Hyaluronidase PF 150 units / ml
- Minoxidil 0.2%
- Tretinoin (Retin-A 0.01%)

**Vascularization:**

- Pentoxifylline 20 mg / ml

**Anesthetic:**

- Lidocaine 6% / Tetracaine 6% / Benzocaine 4% Topical Gel

**Post Procedure Pain :**

- Ketoprofen 5% Topical Spray

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!*