

Patient: _____ Date: ___ / ___ / ___

Date of Birth: ___ / ___ / ___ Phone Number: (____) ____ - ____

Doctor's Name: _____

Phone Number: (____) ____ - ____ DEA or NPI: _____

Acne: Apply to affected area(s) ___ times daily.

___ Back and Chest: Seal's Lotion; 120 ml or ___ ml

___ Face: Benzoyl Peroxide 20%; **Gel** or **Cream** or **Wash** ___ gm/ml

Actinic Keratosis Preparations: Apply to _____ twice daily for ___ days.

___ #1 5-FU 1% in Propylene Glycol or Water; 30 ml 60 ml or ___ ml

___ #2 5-FU 2% in Propylene Glycol or Water; 30 ml 60 ml or ___ ml

Alopecia Preparation: Apply to affected area(s) twice daily.

___ Rogaine 5% and Tretinoin 0.025%; 60 ml or ___ ml

Facial Dandruff: Apply to facial dandruff up to four times daily as needed.

___ Salicylic Acid 3%/Sulfur 3%/Triamcinolone 0.025%; 30 or ___ gm

Foot Fungus: Apply to affected area(s) twice daily.

___ Whitfield's **Full** or **Half** Strength; ___ gm

Clear Nail Lacquer: Apply to affected nail(s) twice daily.

___ Terbinafine 0.1%/ Econazole 0.1% DMSO Solution; 15 ml

Miracle Face Cream: Apply to face at bedtime. **Keep Refrigerated.**

___ Fluocinolone/HQ/Tretinoin/Kojic cream; 30gm

Facial Peels: For Office Use by a Physician.

___ #1 Jessner's Topical Solution; ___ ml

___ #2 Glycolic Acid ___ % Solution; ___ ml

___ #3 Glycolic Acid ___ % Cream; ___ gm

___ #4 Trichloroacetic Acid (TCA) ___ % Solution; ___ ml

Psoriasis Preparations: Apply to affected area(s) ___ times daily as needed.

___ #1 Salicylic Acid 3%/LCD5%/Triamcinolone 0.1% Cream; ___ gm

___ #2 LCD 10% and Triamcinolone 0.1% in **Aquaphor®** or **Preservative Free Cream**; ___ gm

Shingles Preparations: Apply to affected area(s) four times daily as needed.

___ Modified Schomberg's Lotion; ___ ml

___ Add Triamcinolone ___ % or Hydrocortisone ___ %

Wart Preparations: Apply a small amount to wart(s) at bedtime and then cover with a bandage.

___ #1 5-FU 5% and Salicylic Acid 20% in DMSO Gel; 15 ml

___ #2 5-FU 5%/Salicylic Acid 15%/Cimetidine 5% in Lipoderm®; 30 gm

___ #3 Salicylic Acid ___ % in **Flexible Collodion**; ___ ml or **Petrolatum**; ___ gm

___ #4 Salicylic Acid ___ % and Lactic Acid ___ % in Flexible Collodion; ___ ml

___ #5 Cantharidin Plus Liquid 1/30/5%; 10ml (For in-office application only!)

Xerosis/Dry Skin: Apply to body from neck down daily after bathing.

___ HUA/HUC - Hydrocortisone/Urea/**Aquaphor** or **Cetaphil** cream; 240gm

Preservative Free Cream: Apply to affected area(s) ___ times daily.

___ Plain; ___ gm

___ Add _____ % (steroid, LCD, etc.) ___ gm

Refills: _____ Signature: _____

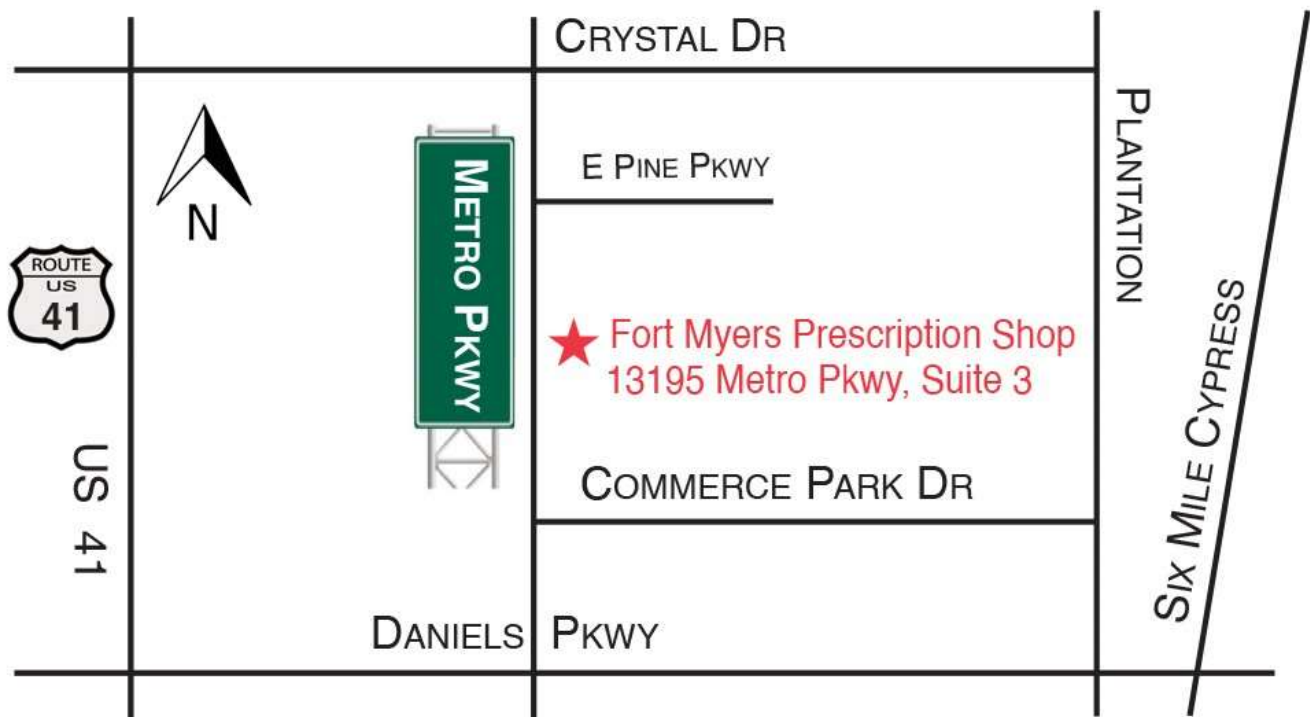
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