

# Dematology Medication Request

Please fax this form with patient's insurance/demographic sheet to

Patient Name : \_\_\_\_\_ DOB: \_\_\_\_\_ Phone : \_\_\_\_\_

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

Physician Name : \_\_\_\_\_ Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Acne (Oral)** #/Size Refills

- Doryx 150mg Tabs \_\_\_\_\_
- Isotretinoin 10/20/30/40 mg \_\_\_\_\_
- Monodox 75/100mg Caps \_\_\_\_\_
- Solodyn 55/65/80/105/115mg Tabs \_\_\_\_\_
- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_
- SIG: \_\_\_\_\_

**Acne (Topical)** #/Size Refills

- Acanya Gel \_\_\_\_\_
- Aczone Gel \_\_\_\_\_
- Atralin Gel \_\_\_\_\_
- Azelex Cream \_\_\_\_\_
- Benz E Foam \_\_\_\_\_
- Benzaclin Pump Care Kit \_\_\_\_\_
- Clindacin PAC/P \_\_\_\_\_
- Differin Gel/Lot/Cr, 0.1/0.3% \_\_\_\_\_
- Duac Gel \_\_\_\_\_
- Epiduo Gel \_\_\_\_\_
- Evoclin Foam \_\_\_\_\_
- Fabior Foam 0.01% \_\_\_\_\_
- NeoBenz Micro/Plus Pack \_\_\_\_\_
- Pacnex HP/LP \_\_\_\_\_
- Retin-A Micro 0.04/0.1% \_\_\_\_\_
- Tazorac Cr/Gel 0.05/0.1% \_\_\_\_\_
- Triax Foam Cloths 3/6/9% \_\_\_\_\_
- Veltin Gel \_\_\_\_\_
- Ziana Gel \_\_\_\_\_
- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_
- SIG: \_\_\_\_\_

**Actinic Keratosis** #/Size Refills

- Carac Cream \_\_\_\_\_
- Picato Gel 0.15%, 0.05% \_\_\_\_\_
- Solaraze Gel \_\_\_\_\_
- Zyclara Cream \_\_\_\_\_
- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_
- SIG: \_\_\_\_\_

**Anti-Fungal** #/Size Refills

- Extina Foam \_\_\_\_\_
- Loprox Shampoo \_\_\_\_\_
- Naftin Cream/Gel \_\_\_\_\_
- Oxistat Cream/Lotion \_\_\_\_\_
- Tersi Foam \_\_\_\_\_
- Vusion Ointment \_\_\_\_\_
- Xologel Gel \_\_\_\_\_
- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_
- SIG: \_\_\_\_\_

**Barrier Preparations** #/Size Refills

- Epiceram Emulsion \_\_\_\_\_
- Hydro 40 Foam \_\_\_\_\_
- Hylatopic Plus \_\_\_\_\_
- Tetrax Cream \_\_\_\_\_
- Uramaxin Foam \_\_\_\_\_
- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_
- SIG: \_\_\_\_\_

**Psoriasis** #/Size Refills

- Clobex Shampoo/Spray/Lotion \_\_\_\_\_
- Salvax Foam \_\_\_\_\_
- Scytera Foam \_\_\_\_\_
- Taclonex Ointment/Scalp \_\_\_\_\_
- Vectical Ointment \_\_\_\_\_
- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_
- SIG: \_\_\_\_\_

**Rosacea** #/Size Refills

- Finacea Gel \_\_\_\_\_
- Metrogel Gel \_\_\_\_\_
- Mivaso Gel 0.33% \_\_\_\_\_
- Oracea 40mg Tabs \_\_\_\_\_
- Soolantra 1% Cream \_\_\_\_\_
- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_
- SIG: \_\_\_\_\_

**Steroids** #/Size Refills

- Cordran Cream/Lotion \_\_\_\_\_
- Cutivate Lotion \_\_\_\_\_
- Desonate Gel \_\_\_\_\_
- Locoid Lipocream/Lotion \_\_\_\_\_
- Luxiq Foam \_\_\_\_\_
- NeoSalus Foam \_\_\_\_\_
- Olux E Foam \_\_\_\_\_
- Vanos Cream \_\_\_\_\_
- Verdeso Foam \_\_\_\_\_
- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_
- SIG: \_\_\_\_\_

**Miscellaneous** #/Size Refills

- Altabax Ointment \_\_\_\_\_
- Centany Ointment/AT \_\_\_\_\_
- Salkera Foam \_\_\_\_\_
- Veregen Ointment 15% \_\_\_\_\_
- Uramaxin GT \_\_\_\_\_
- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_
- SIG: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Dispense as written: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Lic #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This Rx Pad was provided courtesy of \_\_\_\_\_ . Valid only at \_\_\_\_\_ with signature .

Tel: \_\_\_\_\_ \*We accept e-scribe\* \_\_\_\_\_ Toll Free: \_\_\_\_\_