

PRESCRIBER ORDER FORM

FAX COMPLETED FORM TO: 806-209-5141

2222 Indiana Ave. Lubbock, TX 79410

Patient Name:	Prescriber Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Date of Birth:	Fax:
Allergies:	DEA:NPI:
Anticigios.	W
ACNE	FINE LINES AND WRINKLES
☐ Tretinoin % (0.25-0.1) + Niacinamide 4%	☐ Estriol 0.3%/Ascorbic acid 1%/Hyaluronic acid 0.5%
☐ Salicylic acid % (1%-2%)	
☐ Benzoyl peroxide % ☐ Clindamycin %	Apply to face daily. Wear sunscreen daily.
Clindamycin %	Dispense Refills 1 2 3 4 5
Apply to affected area QHS. Wear sunscreen.	Additional Instructions:
Dispense Refills 1 2 3 4 5	
Additional Instructions:	
	SKIN CONDITIONS
	☐ Wart Peel (5-FU 2%/Sal Acid 17%) (10gm)
ROSACEA	
☐ Azelaic Acid 15%/Ivermectin 1%/Metronidazole 1%	Apply to affected area and cover with duct tape or waterproof bandaid QHS.
☐ Metronidazole 1%/Niacinamide 4%	Wash off in morning.
Oxymetazoline 1%/ Tea Tree Oil 5%	Dispense Refills 1 2 3 4 5
Apply to affected area OHS Wear superroop	Additional Instructions:
Apply to affected area QHS. Wear sunscreen. Dispense Refills 1 2 3 4 5	☐ Callus Ointment (30% Urea in Aquaphor) (60gm)
Additional Instructions:	(
Additional instructions,	Apply to callus or fissure twice daily until healed.
	Dispense Refills 1 2 3 4 5
ACTINIC KERATOSIS	Additional Instructions:
☐ Fluorouracil 2.5%/Calcipotriene 0.0025%	
Tridorodracii 2.5 % Calcipotrierie 0.0025 %	☐ Terbinafine 2% / Miconazole 2% / IBU 2% / DMSO Nail Solution (20ml)
Apply to affected area twice daily for 5 days - wear sunscreen daily.	Apply to nails daily for 3-6 months until healed.
Dispense Refills 1 2 3 4 5	Dispense Refills 1 2 3 4 5
Additional Instructions:	Additional Instructions:
	Additional instructions.
	☐ Terbinafine 2% / Miconazole 2% / IBU 2% Cream (60gm) Apply to affected
LIGHTENING CREAM	area of skin twice daily until clear.
☐ Hydroquinone 4%/Tretinoin 0.05%/Fluocinolone 0.01%	Dispense Refills 1 2 3 4 5
A contract of the standard of the state of t	Additional Instructions:
Apply to affected area at bedtime for up to 8 weeks then take 4-week break. Wear sunscreen daily.	/ Idantional Itiati detions:
Dispense Refills 1 2 3 4 5	
Additional Instructions:	
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☐ Mail to Patient

☐ Pick up at Ivy

☐ Deliver to Patient

IF YOU DO NOT SEE WHAT YOU NEED, PLEASE CALL: 806-209-5140

PROVIDER SIGNATURE: _____
DATE: ____

