

**Hair Loss Treatment Prescription Order Form**

**Patient Information:** PLEASE FAX Patient Demographic Sheet & Prescription Insurance Card if available.

PATIENT NAME:		DOB:	
PRIMARY PHONE #:		2ND PHONE #:	
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA	

**Rx Medication Order:** Pharmacist Please Compound:

**Rx**

**Formula H5® - for Men**

Minoxidil 10%  
(active ingredient in Rogaine)  
Azelaic acid 2%  
Ketoconazole 2%  
Tea Tree oil 0.25%  
Finasteride 0.25%  
(active ingredient in Propecia)

QTY:  100ml/\$89  200ml/\$149

SIG: Apply 20-30 drops daily into scalp area of hair loss (1-2 hours) before bedtime.

Refills: \_\_\_\_\_

**Notes:**

**Prescriber Information:**

PRESCRIBER'S SIGNATURE:

NPI# or DEA# (CTP# for CNPs only): \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

This form is proprietary of BioMed Pharmacy and is only intended for use between provider and patient. Any unauthorized use could result in legal action. This facsimile transmission is intended to be delivered to the named addressee and may contain information that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and/or telephone number set forth herein and obtains instructions as to the disposal of the transmitted material. In no event should such material be read or retained by anyone other than the addressee, except by express authority of the sender to the named addressee. FDA does not review compounded medication for safety or efficacy.

BMH5H6  
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# Patient Information Sheet

(Provider, please hand this sheet to the patient.)

Dear Patient,

We have sent your special order prescription to BioMed Specialty Pharmacy to be compounded.

BioMed Specialty Pharmacy will call you within 24-48 hours from the phone number **(855) 246-6338**.

If you don't hear from them within 24-48 hours please call them back at **(855) 246-6338**.

BioMed's business hours are Monday-Friday 8am-6pm.

## What information does BioMed need?



- Your Driver's License or State Issued ID number
- A credit card to secure payment
- Any allergies to any medications

biomedrelief.com

Ph: 8 55. 246. 6338

info@biomedpharmacy.com

