

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

FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____

PRIMARY PHONE #: CELL HOME WORK SECONDARY PHONE #: CELL HOME WORK LAST 4 DIGITS OF SSN: _____

ADDRESS: _____ CITY, STATE, ZIP: _____ ALLERGIES: (If no allergies please check the NKDA box) NKDA

Rx Medication Order: Pharmacist Please Compound: *Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.*

*** Wart Treatment**

Formula X⁵
(formerly known as 15-L)

Salicylic Acid 60% +
Cimetidine 5% +
Trichloroacetic Acid 1% +
Ibuprofen 2%

New!

QTY: 25gm 50gm 75gm

Refills: _____

SIG: Apply 1-2 grams to affected area 1-2 times daily

*** Wart Treatment**

15C. Formula

Salicylic Acid 5% + Acyclovir 5%
Ibuprofen 2% + 5-Fluorouracil 2.5%

QTY: 60gm 120gm

Refills: _____

SIG: Apply 1-2gm topically to affected area BID

*** Wart Treatment**

15SF. Formula

Salicylic Acid 17%
5-Fluorouracil 2.5%

QTY: 30gm 60gm

Refills: _____

SIG: Apply 1-2gm topically to affected area QD-BID

*** Wart Treatment**

32 Formula

Cantharidin 0.7% Topical Liquid

QTY: 2mL (2-3 month supply)
 5mL (4-6 months supply)

Refills: _____

SIG: To be applied by physician only. Bring to your physicians office for physician administration only.

*** Nail Fungus**

Formula X¹⁰
(formerly known as CF-1)

Urea 40% +
Salicylic Acid 10% +
Ibuprofen 2% +
Ketoconazole 2% +
Tea Tree Oil 0.5%

New!

QTY: 10ml

Refills: _____

SIG: Apply to affected nail(s) at bedtime, let air dry for 2 minutes.

*** Nail Fungus**

Formula X¹¹
(formerly known as 11C)

Itraconazole 1% +
Terbinafine HCl 2% +
Ibuprofen 2%
in DMSO polish

QTY: 15ml 30ml

Refills: _____

SIG: Apply to affected nail(s) at bedtime, let air dry for 2 minutes.

*** Plantar Fibromatosis**

X¹. Formula

Verapamil HCl 15%

Add Lidocaine: 2% 5%

New!

QTY: 240gm

Refills: _____

SIG: Apply 1-2gm topically to affected area TID-QID

*** Raynaud's**

X². Formula

Nifedipine 5%
Lidocaine 2%

QTY: 240gm

Refills: _____

SIG: Apply 1-2gm topically to affected area TID-QID

*** Plantar Fibromatosis**

X³. Formula

Verapamil HCl 15%
Diphenhydramine HCl 2.5%
Diclofenac sod 1%

New!

QTY: 240gm

Refills: _____

SIG: Apply 1-2gm topically to affected area TID-QID

*** Plantar Fibromatosis**

X⁶. Formula

Nifedepine 10% + Pentoxifylline 5%
Lidocaine 2% + Prilocaine HCl 2%
Dimethylsulfoxide (DMSO) 1.5%

New!

QTY: 240gm

Refills: _____

SIG: Apply 1-2gm topically to affected area TID-QID

*** Plantar Fasciitis**

X⁷. Formula

Verapamil HCl 10% +
Clonidine HCl 0.2%
Gabapentin 6% + Diclofenac sod 3%
Piroxicam 2% + Lidocaine 5%

New!

QTY: 240gm

Refills: _____

SIG: Apply 1-2gm topically to affected area TID-QID

Rx \$15 OFF any compounded prescription order on this form of \$50 or more!

Drug Coupon

PRESCRIBER: Please mention this coupon to the patient. BioMed's customer service will apply this coupon discount to the patient's invoice.

Prescriber check box to apply coupon.

Coupon Code: **POD100**

Coupon code is only good for 1 time use. Maximum 1 coupon per patient. Expiration 12/31/20

See Reverse Side for More Rx Options! 

Prescriber Information:

PRESCRIBER'S SIGNATURE: _____

PRESCRIBER NAME (PRINT): _____

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

Contact Information:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

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Pharmacist Please Compound:

Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.

<p>* Mild Inflammatory Pain * Mild Neuropathic Pain</p> <p><input type="checkbox"/> # 5. Formula</p> <p>Diclofenac sodium 3% Gabapentin 6% Lidocaine 2% Prilocaine HCl 2%</p> <p>QTY: <input type="checkbox"/> 240gm</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p>* Moderate Inflammatory Pain * Moderate Neuropathic Pain</p> <p><input type="checkbox"/> # 5C. Formula</p> <p>Clonidine HCl 0.2% + Diclofenac sod 5% Gabapentin 6% + Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Magnesium chloride 3% Lidocaine 2%</p> <p>QTY: <input type="checkbox"/> 240gm</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p>* Severe Inflammatory Pain * Severe Neuropathic Pain</p> <p><input type="checkbox"/> # 5U. Formula</p> <p>Ketamine HCl 5% + Diclofenac sod 5% Gabapentin 6% + Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Magnesium chloride 3% Lidocaine 2%</p> <p>QTY: <input type="checkbox"/> 240gm</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p>* Severe Inflammatory Pain * Severe Neuropathic Pain</p> <p><input type="checkbox"/> # 3. Formula</p> <p>Ketamine HCl 10% + Gabapentin 6% Amitriptyline HCl 2% + Baclofen 2% Cyclobenzaprine HCl 2% Diclofenac sodium 3% Lidocaine 5%</p> <p>QTY: <input type="checkbox"/> 240gm</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>
<p>* Deep Tissue Pain</p> <p><input type="checkbox"/> # 8D. Formula</p> <p>Diclofenac sod 3% DMSO 10% + Gabapentin 6% Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Lidocaine 4%</p> <p>QTY: <input type="checkbox"/> 240gm</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p>* Sprains * Strains</p> <p><input type="checkbox"/> # 7. Formula</p> <p>Diclofenac sod 3% Ketoprofen 3% Piroxicam 2% + Gabapentin 3% Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Lidocaine 2%</p> <p>QTY: <input type="checkbox"/> 240gm</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p>* Kerolytic * Antifungal</p> <p><input type="checkbox"/> # 12C. Formula</p> <p>Urea 20% + Lactic acid 2% Salicylic acid 5% + Vitamin E acetate 1% in Ciclopirox olamine 0.77% cream</p> <p>QTY: <input type="checkbox"/> 240gm <input type="checkbox"/> 480gm</p> <p>Refills: _____</p> <p>SIG: Apply 2-4gm topically to affected area TID-QID</p>	<p>* Wound Care</p> <p><input type="checkbox"/> # 144B. Formula</p> <p>Vancomycin HCl 1% Gentamicin sulfate 0.1% Mupirocin 0.5% Metronidazole 0.5%</p> <p>QTY: <input type="checkbox"/> 60gm</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area BID</p>
<p>* Hyperhidrosis</p> <p><input type="checkbox"/> # 17. Formula</p> <p>Glycopyrrolate solution</p> <p>Amount: <input type="checkbox"/> 0.5% <input type="checkbox"/> 1% <input type="checkbox"/> 2%</p> <p>QTY (ml): <input type="checkbox"/> 60 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p>SIG: Apply 2 sprays to each affected area 2-3 times daily <i>*Keep away from face</i></p>	<p>Rx (notes):</p> <p>Refills: _____</p>	<div style="border: 1px dashed black; padding: 10px;"> <p>Rx \$15 OFF any compounded prescription order on this form of \$50 or more!</p> <p>PRESCRIBER: Please mention this coupon to the patient. BioMed's customer service will apply this coupon discount to</p> <p>Coupon Code: POD100</p> <p><input type="checkbox"/> Prescriber check box to apply coupon.</p> <p><small>Coupon code is only good for 1 time use. Maximum 1 coupon per patient. Expiration 12/31/20</small></p> </div>	

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