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35 Valley Ave
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(F) (914) 840 - 5022

85 Outwater Lane Unit 7
Garfield, NJ 07026
(P) (862) 225 - 9422
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Patient Information

Patient Name:	Date of Birth:	☐ Male ☐ Female	
Address	City:	State:	Zip:
Phone:	Alt Phone:	Preferred Language:	
Allergies (Required): ☐ NKDA	Height:	Weight:	
Product Shipping Options: ☐Patient's Home ☐Provider's Office ☐Alt Address:			

Prescriber Information

Practice Name:	Office Contact:		
Prescriber:	NPI:	DEA:	
Address:	City:	State:	Zip:
Phone:	Fax:		

Prescription Information

	Medication	Directions	Patient Cost	Refills
Podiatry	☐ Salicylic Acid 20%/Fluorouracil 4% DMSO Wart Remover	Apply to affected nail(s) QD	$35 for 10ml	
	☐ Fluconazole 2%/Ibuprofen 2% Hydrogel	Apply to affected nail(s) QD	$35 for 8ml	
	☐ Clotrimazole 2%/Ibuprofen 2% DMSO Nail Solution	Apply to affected nail(s) QD	$35 for 8ml	
Circulation	☐ Pentoxifylline 5%/ Nifedipine 2%/Lidocaine 6% Lipoderm	Apply to affected area(s) ☐ QD ☐ BID ☐ TID ☐QID	$50 for 30g	
Other	☐ Minoxidil 10% Topical Solution	Apply to affected nail(s) QD	$35 for 10ml	

Prescriber Signature (Please sign and date below)

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Prescription Information

	Medication	Directions	Patient Cost	Refills
Hair Loss	☐ **Hair Serum F** Minoxidil 5%/ Finasteride 0.1%/Tretinoin 0.01%/Fluocinolone 0.01% Topical Solution	Apply to scalp ☐ QD ☐ BID	$60 for 60ml	
	☐ **Hair Serum D** Minoxidil 5%/Dutasteride 0.75%/Tretinoin 0.01%/Fluocinolone 0.01% Topical Solution	Apply to scalp ☐ QD ☐ BID	$80 for 60ml	
	☐ Progesterone 0.5% Shampoo	Massage onto scalp and rinse three times weekly	$80 for 100ml	
	☐ Minoxidil 2.5mg/Dutasteride 0.5mg Capsules	Take one capsule by mouth once daily	$55 for 30 capsules	

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Allergies (Required): ☐ NKDA		Height:	Weight:
Product Shipping Options: ☐ Patient's Home ☐ Provider's Office ☐ Alt Address:			

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Practice Name:	Office Contact:		
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Prescription Information

	Medication	Directions	Patient Cost	Refills
Women's Health	☐ Sildenafil 1% Cream ☐ Sildenafil 3.6% Cream ☐ Sildenafil 2% Cream ☐ Sildenafil 4% Cream	Apply a pea-sized amount QD PRN	$65 for 30g	
	☐ Testosterone 0.8% Cream	Apply 2 clicks (4mg) topically QD PRN	☐ $75 for 30g ☐ $95 for 60g	
	☐ Estradiol 0.01% Ointment	Apply a pea-sized amount to vulva vaginally QD	$45 for 30g	
Skin Pigmentation	☐ Hydroquinone 4%/Tretinoin 0.1%/ Azelaic Acid 15%/Hydrocortisone 1% Cream	Apply to affected area(s) QD NOTE: MUST BE REFRIGERATED	$65 for 30g	

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Product Shipping Options: ☐ Patient's Home ☐ Provider's Office ☐ Alt Address:			

Prescriber Information

Practice Name:	Office Contact:		
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Address:	City:	State:	Zip:
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Prescription Information

	Medication	Directions	Patient Cost	Refills
Anal Fissures	Benzocaine 20%/Lidocaine 10%/ Tetracaine 10% Please Select: ☐ Ointment ☐ Cream --- Benzocaine 20%/Lidocaine 6%/ Tetracaine 4% Please Select: ☐ Ointment ☐ Cream	Apply to affected area(s) ☐ QD ☐ BID ☐ TID ☐ QID	☐ $30 for 30g ☐ $60 for 60g ☐ $90 for 90g	
	☐ Nifedipine 0.2% Ointment	Apply to affected area(s) ☐ QD ☐ BID ☐ TID ☐ QID	☐ $30 for 30g ☐ $60 for 60g ☐ $90 for 90g	
	☐ Nifedipine 0.3%/Lidocaine 5% Ointment ☐ Nifedipine 0.3%/Lidocaine 4% Ointment	Apply to affected area(s) ☐ QD ☐ BID ☐ TID ☐ QID	☐ $50 for 30g ☐ $60 for 60g ☐ $70 for 90g	
	☐ Dilitazem 2%/Lidocaine 3% Ointment ☐ Dilitazem 2%/Lidocaine 5% Ointment	Apply to affected area(s) ☐ QD ☐ BID ☐ TID ☐ QID	☐ $64 for 30g ☐ $74 for 60g ☐ $84 for 90g	

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Date

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ACHC

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Product Shipping Options: ☐ Patient's Home ☐ Provider's Office ☐ Alt Address:			

Prescriber Information

Practice Name:	Office Contact:		
Prescriber:	NPI:	DEA:	
Address:	City:	State:	Zip:
Phone:	Fax:		

Prescription Information

	Medication	Directions	Patient Cost	Refills
Anal Fissures (Continued)	☐ Nitroglycerin 0.125% Ointment	Apply to affected area(s) ☐ QD ☐ BID ☐ TID ☐ QID	☐ $30 for 30g ☐ $60 for 60g ☐ $90 for 90g	
Wounds	☐ Nifedipine 2%/Benzocaine 20%/Lidocaine 8%/Tetracaine 4% Ointment	Apply to affected area(s) ☐ QD ☐ BID ☐ TID ☐ QID	☐ $35 for 30g ☐ $65 for 60g ☐ $95 for 90g	
Pain	☐ Ketoprofen 10%/Gabapentin 5%/Lidocaine 5%/Baclofen 2% Lipoderm	Apply to affected area(s) ☐ QD ☐ BID ☐ TID ☐ QID	☐ $70 for 30g ☐ $80 for 60g ☐ $90 for 90g	

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Product Shipping Options: ☐ Patient's Home ☐ Provider's Office ☐ Alt Address:			

Prescriber Information

Practice Name:	Office Contact:		
Prescriber:	NPI:	DEA:	
Address:	City:	State:	Zip:
Phone:	Fax:		

Prescription Information

	Medication	Directions	Quantity	Refills
CUSTOM PRESCRIPTION				

Prescriber Signature (Please sign and date below)

Prescriber Signature: _____ _____
Date

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