



Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone (CELL)#:	Fax #:
Email:	Email:
Patient Allergies:	

PRESCRIBER'S SIGNATURE: X _____ **DATE:** _____

Commonly Requested Compounds for Acne

1. ___ Sodium Hyaluronate 0.1%, Tretinoin 0.05% Topical Cream in PCCA Clarifying™ Base
2. ___ Benzoyl Peroxide 2.5%, Tretinoin 0.05% Topical Cream in PCCA Clarifying™ Base
3. ___ Erythromycin 2%, Niacinamide 4% Topical Cream in PCCA Clarifying™ Base
4. ___ Erythromycin 3%, Benzoyl Peroxide 5% Topical Cream in PCCA Clarifying™ Base
5. ___ Clindamycin 1%, Benzoyl Peroxide 5% Topical Cream in PCCA Clarifying™ Base
6. ___ Niacinamide 4%, Metronidazole 1% Topical Cream in PCCA Clarifying™ Base
7. ___ Niacinamide 4%, Biotin 0.1%, Potassium Azelaoyl Diglycinate 6% Topical Cream in PCCA Clarifying™ Base
8. ___ Potassium Azelaoyl Diglycinate 15%, Niacinamide 5% Topical Cream in PCCA Clarifying™ Base
9. ___ Sulfacetamide Sodium 10% Sulfur 5% Topical Cream in PCCA Clarifying™ Base
10. ___ OTHER _____

Directions: _____

Refills: (Number of refills indicated here refers to all medications prescribed above)

___ 1 Year ___ 5 ___ 3 ___ 1 ___ Zero