



**TOWN & COUNTRY**  
compounding | consultation



**TOPICAL ECZEMA AND PSORIASIS MANAGEMENT**

ACHC Accredited Pharmacy

Phone: 201-447-2020

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[Pharmacist@TCcompound.com](mailto:Pharmacist@TCcompound.com)

<b>Patient's Name:</b>	<b>Prescriber's Name:</b>
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 Medications: (CMPD refers to medication compounded by pharmacy)**

1. \_\_\_ Zinc Pyrithione 0.2% Clobetasol Propionate 0.05%, Cyanocobalamin 0.07% Topical Cream in XemaTop™
2. \_\_\_ Cyanocobalamin 0.07% Topical Cream in XemaTop™
3. \_\_\_ Tranilast 2%, Clobetasol Propionate 0.05%, Aloe Vera 1%, Vitamin D3 5000 IU/GM Topical Cream in XemaTop™
4. \_\_\_ Coal Tar Topical Solution 5%, Salicylic Acid 6%, Clobetasol Propionate 0.05% Topical Cream in XemaTop™
5. \_\_\_ Tacrolimus 0.1%, Cyanocobalamin 0.07%, Zinc Pyrithione 0.2% Topical Cream in XemaTop™
6. \_\_\_ Tranilast 1%, Tacrolimus 0.1% Topical Cream in XemaTop™
7. \_\_\_ OTHER \_\_\_\_\_  
\_\_\_\_\_

**Directions:** \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_ 1 Year    \_\_\_ 5    \_\_\_ 3    \_\_\_ 1    \_\_\_ Zero