

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 Medications: (CMPD references Medication Compounded by Pharmacy; CA references a Commercially Available Medication)

1. _____ **CMPD OINTMENT Itraconazole 5%, Fluticasone 1% in SWG** (1687)
 - a. If checked, pharmacy is authorized to dispense the following in lieu of the compounded medication listed in #1 above if needed for any reason or desired by patient
 - i. _____ CA Econazole Nitrate Cream 1% #170 grams (2 x 85 gram tubes) – Apply up to 3 grams to affected area(s) 2 times daily as directed (up to 6 grams/day) (GEL32) **AND DISPENSE** CA Fluocinonide 0.1% Cream #120 grams – Apply up to 2 grams to affected area(s) 2 times daily only if inflammation and–or itching exists (STER22)
 - ii. _____ CA Econazole Nitrate Cream 1% #170 grams (2 x 85 gram tubes) – Apply up to 3 grams to affected area(s) 2 times daily as directed (up to 6 grams/day) (GEL32) **AND DISPENSE** CA Clobetasol 0.05% Ointment #60 grams – Apply up to 1 gram to affected area(s) 2 times daily only if inflammation and–or itching exists (STER12)
 - iii. _____ CA Econazole Nitrate Cream 1% #170 grams (2 x 85 gram tubes) – Apply up to 3 grams to affected area(s) 2 times daily as directed (up to 6 grams/day) (GEL32) **AND DISPENSE** CA Halobetasol 0.05% Cream #50 grams – Apply up to 1 gram to affected area(s) 2 times daily only if inflammation and–or itching exists (STER12)

2. _____ **OTHER** _____

Directions (Directions selected below apply to all medications indicated above, except 1.a.i., 1.a.ii. and 1.a.iii)

_____ Apply up to 2 grams to affected area(s) 2 times daily as directed (up to 4 grams per day) (GEL22)

_____ Other _____

Quantity to Dispense: _____ DAYS *30 DAY SUPPLY UNLESS OTHERWISE INDICATED HERE OR ABOVE*

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

_____ 1 Year _____ 5 _____ 3 _____ 1 _____ Zero