



YOUR COMMUNITY
PHARMACY

Compounded Dermatology Medication Fax Form

Phone: 502.614.7325 | Fax: 502.409.7315
A Pharmacist Who You Know. And Who Knows You.

Patient Name: _____

DOB: _____

Address: _____

Phone: _____

We accept all major insurance plans and will deliver prescriptions at no additional charge

All medications on this form are compounded and are not commercially available

- Acyclovir 5% Lidocaine 2% 30g Cash Patients - \$45.00
- Benzoyl Peroxide 3% Clindamycin 1% Gel 50g Cash Patients - \$40.00
- Calcitriol 250ng/gm Cream 60g Cash Patients - \$120.00
- Clobetasol 0.05% in CeraVe Cream 454g Cash Patients - \$45.00
- Fluocinolone 0.01% Hydroquinone 6% Tretinoin 0.05% Cosmetic Cream Base 30g Cash Patients - \$55.00
- Fluocinolone 0.01% Hydroquinone 8% Tretinoin 0.05% Cosmetic Cream Base 30g Cash Patients - \$60.00
- Fluorouracil 0.5% (no propylene glycol) Cream 30g Cash Patients - \$40.00
- Fluorouracil 1% (no propylene glycol) Cream 30g Cash Patients - \$40.00
- Fluorouracil 2% (no propylene glycol) Cream 30g Cash Patients - \$40.00
- Fluorouracil 1%(no propylene glycol) Imiquimod 4% 15g Cash Patients - \$85.00
- Fluorouracil 5% Cream in Versabase (less irritating formula) 40g Cash Patients - \$50.00
- Formaldehyde 10% Ointment 30g Cash Patients - \$30.00
- Imiquimod 4% Cream 8g Cash Patients - \$80.00
- Metronidazole 1.5% Gel 60g Cash Patients - \$40.00
- Squaric Acid 0.1% Solution 30ml - \$30.00
- Tacrolimus 0.05% Cream 30g Cash Patients - \$90.00
- Tacrolimus 0.15% Cream 30g Cash patients - \$120.00

Medication: _____

Medication: _____

Directions: _____

Directions: _____

Quantity: _____ Refills: _____

Quantity: _____ Refills: _____

Prescriber Name: _____

Date: _____

Signature: _____

Office Phone: _____

Fax to 502.409.7315