



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Previous Treatments (write in or check boxes):**

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Minocycline    | <input type="checkbox"/> Clobetasol    | <input type="checkbox"/> Calcipotriene          | <input type="checkbox"/> Benzoyl Peroxide | <input type="checkbox"/> <b>Other:</b> _____ |
| <input type="checkbox"/> Doxycycline    | <input type="checkbox"/> Betamethasone | <input type="checkbox"/> Adapalene or Tretinoin | <input type="checkbox"/> Clindamycin      | _____  |
| <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Fluorouracil  | <input type="checkbox"/> Sodium sulfacetamide   | <input type="checkbox"/> Imiquimod        | _____  |

**Diagnosis/IDC-10 Codes (write in or checkboxes):**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Acne Vulgaris L70.0 | <input type="checkbox"/> Rosacea L71.9                   | <input type="checkbox"/> Actinic Keratosis L57.0 | <input type="checkbox"/> <b>Other:</b> _____ |
| <input type="checkbox"/> Psoriasis L40.9     | <input type="checkbox"/> General Atopic Dermatitis L20.9 |  | _____  |

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

- Aczone (Dapsone) (5%) Gel (60g, 90g) **Most Insured Pts - \$15; Cash Pts - \$75 (60g)**
- Aczone (Dapsone) (7.5%) Gel (60g, 90g) **Most Insured Pts - \$15; Cash Pts - \$60 (60g)**
- Al cortin A (Hydrocortisone/Iodoquinol) 2%/1% (48g) **Most Insured Pts - \$0; Cash Pts - \$35**
- Ala-Quin (Iodochohydroxyquin/Hydrocortisone) 3%/0.5% cream (1oz) **Most Insured Pts - \$10; Cash Pts - \$35**
- Benzoyl Peroxide (5%, 10%) Gel (45g) **Cash Patients - \$10**
- Benzoyl Peroxide (5%, 10%) Wash (5oz) **Cash Patients - \$15**
- Celacyn Gel (1oz) **Most Insured Pts - \$30; Cash Pts - \$45**
- Ceramax Skin Barrier Cream (16oz) **Most Insured Pts - \$30; Cash Pts - \$45**
- Clobex (Clobetasol) 0.05% Shampoo, Lotion, Spray (2oz, 4oz) **Most Insured Pts - \$25**
- Dermasorb HC (Hydrocortisone) 2% Lotion Kit **Most Insured Pts - \$10; Cash Pts - \$35**
- Dermasorb TA (Triamcinolone) 0.1% Cream Kit **Most Insured Pts - \$10; Cash Pts - \$35**
- Dermasorb XM (Urea) 39% Cream Kit **Most Insured Pts - \$10; Cash Pts - \$200**
- Desonate (Desonide) 0.05% Gel (60g) **Most Insured Patients - \$0**
- Doryx DR (Doxycycline Hyclate) (50mg, 200mg) Tablets **Most Insured Patients - \$0; Insured Not Covered - \$25**
- Enstilar (Calcipotriene/Betamethasone) 0.005%/0.064% (60g, 120g) **Most Insured Patients - \$0**
- Epiduo (Adapalene/Benzoyl Peroxide) 0.1%/2.5% Gel Pump (45g) **Most Insured Pts - \$35; Cash Pts - \$55**
- Epiduo Forte (Adapalene/Benzoyl Peroxide) 0.3%/2.5% Gel Pump (45g) **Most Insured Pts - \$0; Cash Pts - \$55**
- Finacea (Azelaic Acid) 15% Foam (50g) **All Patients \$100 Savings Available; Cash Patients 1<sup>st</sup> fill \$185**
- Halog (Halocinonide) 0.1% Cream (30g, 60g, 216g) **Most Insured Patients - \$20**
- Mirvaso (Brimonidine) 0.33% Gel (30g) **Most Patients - \$60**
- Mondoxyne NL (Doxycycline Monohydrate) (50mg, 75mg, 100mg) Capsules **Insured Pts - \$10; Cash Pts - \$45**
- Novacort (Hydrocortisone/Praxoxine) 2%/1% Gel (29g) **Most Insured Pts - \$0; Cash Pts - \$35**
- Oracea (Doxycycline Hyclate) 40mg Capsules **Most Insured Pts - \$25; Cash Pts - \$65**
- Picato (Ingenol Mebutate) 0.015% or 0.05% Gel **Most Insured Patients 1<sup>st</sup> fill - \$25; 2<sup>nd</sup> fill - \$0**
- Soolantra (Ivermectin) 1% Cream (30g) **Most Patients - \$0**
- Sulfacetamide/Sulfur 10%/5% Wash (170g) **Cash Patients - \$35**
- Taclonex (Calcipotriene/Betamethasone) 0.005%/0.064% (60g, 120g) **Most Insured Patients - \$0**
- Tazorac (Tazarotene) 0.05% or 0.1% Cream (30g, 60g) **Most Insured Pts - \$35; Cash Pts - \$110**
- Tazorac (Tazarotene) 0.05% or 0.1% Gel (30g, 100g) **Most Insured Pts - \$35; Cash Pts - \$110**
- Triamcinolone 0.1% cream (454g) **Cash Patients \$35**

*\*\* All prices are contingent on both manufacturer rebate programs and/or individual insurance policies which are subject to change without warning at any time \*\**

Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

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

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

Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Fax to: 502-805-2297**