



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/ICD-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 Patients - \$0 (60g) \$10 (90g); Cash Patients - \$35 (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**
- Ciclopirox 8% Nail Solution (6.6ml) **Cash Patients - \$40**
- Cordran (Flurandrenolide) 0.05% Lotion (120 mL) **Most Patients - \$10**
- Dermalorb HC (Hydrocortisone) 2% Lotion Kit **Most Insured Pts - \$10; Cash Pts - \$35**
- Dermalorb TA (Triamcinolone) 0.1% Cream Kit **Most Insured Pts - \$10; Cash Pts - \$35**
- Dermalorb XM (Urea) 39% Cream Kit **Most Insured Pts - \$10; Cash Pts - \$35**
- 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 - \$35; Cash Pts - \$110**
- Finacea (Azelaic Acid) 15% Gel (50g) **All Patients \$30 Savings Available; Cash Patients - \$222**
- Finacea (Azelaic Acid) 15% Foam (50g) **All Patients \$175 Savings Available; Cash Patients 1<sup>st</sup> fill \$100**
- Halog (Halocinonide) 0.1% Cream (30g, 60g, 216g) **Most Insured Patients - \$20**
- Mirvaso (Brimonidine) 0.33% Gel (30g) **Most Patients - \$60**
- Novacort (Hydrocortisone/Praxoxine) 2%/1% Gel (29g) **Most Insured Pts - \$0; Cash Pts - \$35**
- Oracea (Doxycycline Hyclate) 40mg Capsules **Cash Pts - \$75 Most Insured Pts - \$25**
- 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 - \$25**
- 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 - \$50**
- Tazorac (Tazarotene) 0.05% or 0.1% Gel (30g, 100g) **Most Insured Pts - \$35; Cash Pts - \$50**
- Triamcinolone 0.1% cream (454g) **Cash Patients \$35**
- Ultravate X (Halobetasol) 0.05% (Ointment, Cream) (275g) **Most Patients - \$20**

*\*\* 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: 502-409-7315**