



Patient Information			
Patient Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		City:	State: Zip:
Phone:	Email:		Language:
Allergies:			<input type="checkbox"/> NKDA
<input type="checkbox"/> Pick Up / Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Alternative Address:			

Insurance: Please fax copy of insurance card (front and back)

Prescriber Information			
Practice Name:		Office Contact:	
Prescriber:		NPI:	DEA:
Practice Address:		City:	State: Zip:
Phone Number:		Fax Number:	

Clinical Information	
Diagnosis:	ICD-10:

Compounded Prescription Information

Compound	Dose	Directions	Quantity	Refills
Scarring				
<input type="checkbox"/> Tamoxifen/Tranilast/Caffeine in PracaSil Plus™	0.1%/1%/0.1%	Apply 1 pump topically to affected area <input type="checkbox"/> QD <input type="checkbox"/> BID (1 pump = 1 mL)	<input type="checkbox"/> 30 g <input type="checkbox"/> 60 g	
Stretch Marks and Acne				
<input type="checkbox"/> Tretinoin in PracaSil Plus™	<input type="checkbox"/> 0.025% <input type="checkbox"/> 0.1% <input type="checkbox"/> Other:	Apply 1 pump topically to affected area <input type="checkbox"/> QD <input type="checkbox"/> BID (1 pump = 1 mL)	<input type="checkbox"/> 30 g <input type="checkbox"/> 60 g	
Numbing				
<input type="checkbox"/> Benzocaine/Lidocaine/Tetracaine	<input type="checkbox"/> 20%/8%/4%	Apply ____ hours before procedure	<input type="checkbox"/> 30 g	
	<input type="checkbox"/> 10%/4%/2%	To be applied in physician's office	<input type="checkbox"/> 60 g	
Bleaching				
<input type="checkbox"/> Hydroquinone	<input type="checkbox"/> 8%	Apply topically to affected area <input type="checkbox"/> HS <input type="checkbox"/> BID	<input type="checkbox"/> 30 g	
<input type="checkbox"/> Hydroquinone/Tretinoin/Fluocinolone	<input type="checkbox"/> 10%/0.05%/0.01%		<input type="checkbox"/> 60 g	
Facial Peels				
<input type="checkbox"/> Trichloroacetic Acid	<input type="checkbox"/> 20% <input type="checkbox"/> 40% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> Other _____	To be applied during office procedure	<input type="checkbox"/> 30 mL <input type="checkbox"/> 60 mL	
Hyperhidrosis				
<input type="checkbox"/> Aluminum Chloride Hexahydrate	<input type="checkbox"/> 20%	Apply topically to affected area <input type="checkbox"/> BID <input type="checkbox"/> TID	<input type="checkbox"/> 120 mL <input type="checkbox"/> 240 mL	
Wart Medications				
<input type="checkbox"/> Cantharidin Plus Solution (Cantharidin/Podophyllin Resin/Salicylic Acid)	0.1%/0.5%/30%	To be applied during office procedure		
Shingles				
<input type="checkbox"/> Acyclovir/Gabapentin/Amitriptyline/Lidocaine	10%/6%/2%/5%	Apply 1 pump (1ml) topically to affected area 3-4 times a day	<input type="checkbox"/> 60g <input type="checkbox"/> 90g	
Custom Formula				
<input type="checkbox"/>				

Prescriber Signature and Date (Please sign and date below)

 Prescriber Signature Date
 "I authorize Curexa™ and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. I certify that the above therapy is medically necessary and the above information is accurate to the best of my knowledge"

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