curexa® Pharmacy

Podiatry Compounding

toll free phone. 855.927.0390
toll free fax. 855.927.0392

Patient Information

Patient Name:		Date of Birth:	☐ Male ☐ Female
Address:	City:	State:	Zip:
Phone:	Email:	Language:	
Allergies:			☐ NKDA
☐ Pick Up / Ship to: ☐ Patient ☐ Office ☐ 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
Muscle Cramps					
☐ Guaifenesin/Magnesium CL/Quinine Sulfate		10%/5%/10%	Apply 1-2 pumps 3-4 times a day to affected area	☐ 150 g ☐ 300 g ☐ Other:	
☐ Guaifenesin/Cyclobenzaprine/Diclofenac/Baclofen		10%2%/3%/2%	Apply 1-2 pumps 3-4 times a day to affected area	☐ 150 g ☐ 300 g ☐ Other:	
☐ Polyox Blister Bandage			Apply three layers to affected area ☐ QD ☐ BID	☐ 150 g ☐ 300 g ☐ Other:	
Physical Therapy					
☐ Dexamethasone	☐ Iontophoresis Solution ☐ Phonophoresis Gel	☐ 0.4% ☐ 0.25% ☐ Other:		☐ 60 mL (solution) ☐ 60 g (gel) ☐ Other:	
☐ Dexamethasone/Lidocaine	☐ Iontophoresis Solution ☐ Phonophoresis Gel	0.4%/2%			
Nail Fungus					
☐ Miconazole/Terbinafine Special Base		2%/2%	Apply to affected nail BID	☐ 10 mL ☐ Other:	
☐ Miconazole/Terbinafine/Ibuprofen		4%/2%/2%			
Circulation					
Nifedipine 4% Up To 16% Topical		_____%	Apply 1-2 pumps 3-4 times a day to affected area	☐ 150 g ☐ 300 g ☐ Other:	
Pentoxifylline 5%, 10%, 15% Topical		_____%	Apply 1-2 pumps 3-4 times a day to affected area	☐ 150 g ☐ 300 g ☐ Other:	
Wart Medications					
☐ Salicylic Acid Cream		☐ 20% ☐ 40% ☐ 60% ☐ 70%			
☐ Trichloroacetic Acid					
☐ Cantharidin Plus Solution (Cantharidin/Podophyllin Resin/Salicylic Acid)		0.1%/0.5%/30%			
Custom Formula					
☐					

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"