

NEW PRESCRIPTION ORDER FORM

1 Patient Information

Last Name		First Name		MI
Address				Apt. #
City	State	ZIP	Phone Number	
Date of Birth (mm/dd/yyyy)		Sex	<input type="radio"/> M <input type="radio"/> F	Email

2 Prescriber and Prescription Information

Prescriber's Name		
Phone Number		Fax Number
Street Address		
City	State	ZIP
NPI	DEA	



Prescribing Form – Dermatology

Most requested numbing treatments for Excessive Sweating, Body Odor or Hyperhidrosis:

Mild Hyperhidrosis

- Glycopyrrolate 0.5% Topical Solution (Roll-on) 60ml

Moderate Hyperhidrosis

- Glycopyrrolate 1% Topical Solution (Roll-on) 60ml
 Glycopyrrolate 1% Topical Cream 60gm

Severe Hyperhidrosis

- Glycopyrrolate 2% Topical Solution (Roll-on) 60ml
 Glycopyrrolate 2% Topical Cream 60gm

Auxillary Hyperhidrosis

- Glycopyrrolate 1%/Tea Tree Oil 2.5% Antiperspirant Stick 100gm

Directions: **Roll-on/Cream:** Apply up to twice daily. Avoid contact with eyes.
 Antiperspirant Stick: Apply thin film to dried area once to twice daily.
 Other _____

Refills: 1 2 3 4 5 6 7 8 9 10 Other: _____

X _____
 Prescriber's Signature Date

3 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

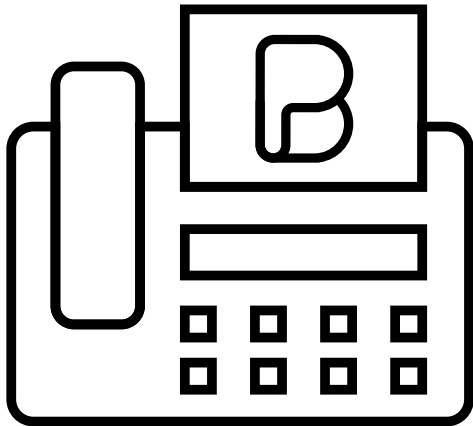
 Pharmacy Name Pharmacy Fax Number

The pharmacy name & fax # cannot be pre-printed in order to comply with RI Law 216-RICR-40-15-1 section 1.3A10



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FAX COVER SHEET



Please fax your order to:

401-284-4506

3844 Post Road, Warwick RI 02886

Phone: 401 - 284 - 4505

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