

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	

R_x

Commonly Requested Formulas for Patients with Corns/Calluses

- ☐ Salicylic Acid 10%/Podophyllum 10%/Trichloroacetic Acid 10% Topical Solution (In Office)
- ☐ Salicylic Acid 20%/Menthol 0.1% Topical Cream

Commonly Requested Formulas for Patients with Rough/Dry Feet

- ☐ Salicylic Acid 5%/Urea 20%/Ammonium Lactate 12% Topical Cream
- ☐ Sodium Hyaluronate 0.5%/Urea 10%/PracaSil™-Plus Topical Gel (Spira-Wash™)
- ☐ Urea 8% Topical Cream
- ☐ Urea 20% Topical Gel (PracaSil™-Plus)
- ☐ Urea 40%/Lactic Acid 10%/Salicylic Acid 3% Topical Cream

Commonly Requested Formulas for Patients with Hyperhidrosis of the Feet (Sweaty Feet)

- ☐ Glycopyrrolate 0.5% Topical Solution (roll-on bottle)
- ☐ Glycopyrrolate 1% Topical Cream
- ☐ Glycopyrrolate 1% Topical Lotion

Directions:

QTY: _____

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

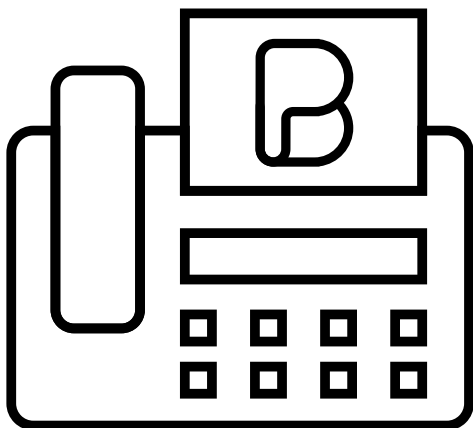
Pharmacy Fax Number

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



Your modern compounding pharmacy.™

FAX COVER SHEET



Please fax your order to:

401-284-4506

3844 Post Road, Warwick RI 02886

Phone: 401 - 284 - 4505

www.bayviewrx.com