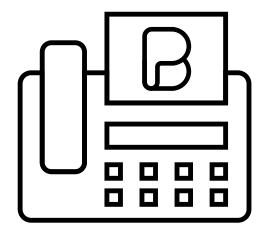
## **NEW PRESCRIPTION ORDER FORM**

O Canth O Canth O Cimet Topica O Deoxy O Imiqui O Salicyl	Pscription Information Informa	ormulas fo quid 5ml (in Acid 30%/F D-Glucose D-Glucose	or Patie office on Podophy 0.29%/II	nly) Illum 5% Topic buprofen 2% 1	al Liquid	5ml (in office only)	MI Apt.#
Address  City  Date of Birth (mm/dd/yyyy)  Prescriber and Prescriber's Name  Phone Number  Street Address  City  NPI  Commonl  O Canth  O Canth  O Cimet  Topica  O Deoxy  O Imiqui  O Salicyl	ly Requested Formation 1% Topical Licentric 10%/Deoxy-Itidine 10%/	ormulas formulas form	or Patie office on Podophy 0.29%/II	ZIP O M O F Fax Number State DEA ents with W hly) fllum 5% Topic buprofen 2% T	<b>arts</b>	5ml (in office only)	Apt.#
City  Prescriber and Pre Prescriber's Name  Phone Number  Street Address  City  NPI  Commonl  O Canth  O Canth  O Cimet  Topica  O Deoxy  O Imiqui  O Salicyl  O Salicyl	ly Requested Formation 1% Topical Licentric 10%/Deoxy-Itidine 10%/	ormulas formulas form	or Patie office on Podophy 0.29%/II	Fax Number  State DEA  Pents with Wally)  Illum 5% Topic buprofen 2% Topic buprofen	<b>arts</b>	5ml (in office only)	
Prescriber and Pre Prescriber's Name Phone Number Street Address City NPI  Commonl O Canth O Canth O Cimet Topica O Deoxy O Imiqui O Salicyl	ly Requested Formation 1% Topical Licentric 10%/Deoxy-Itidine 10%/	ormulas formulas form	or Patie office on Podophy 0.29%/II	Fax Number  State DEA  Pents with Wally)  Illum 5% Topic buprofen 2% Topic buprofen	<b>arts</b>	5ml (in office only)	ZIP
Prescriber and Prescriber's Name Phone Number Street Address City NPI  Commonl O Canth O Canth O Cimet Topica O Deoxy O Imiqui O Salicyl	ly Requested Formation 1% Topical Licentric 10%/Deoxy-Itidine 10%/	ormulas fo quid 5ml (in Acid 30%/F D-Glucose D-Glucose	or Patie office on Podophy 0.29%/II	State DEA  ents with W  hly)  fllum 5% Topic buprofen 2% T	<b>arts</b>	5ml (in office only)	ZIP
Prescriber's Name Phone Number Street Address City NPI  Commonl O Canth O Canth O Cimet Topica O Deoxy O Imiqui O Salicyl O Salicyl	ly Requested Formaridin 1% Topical Lidinaridin 1%/Salicylic Actidine 10%/Deoxy-Ididine 10%/Deoxy-Ididine 10%/Deoxy-Ididoclusaderm®	ormulas fo quid 5ml (in Acid 30%/F D-Glucose D-Glucose	office on Podophy 0.29%/II	State DEA  ents with W  hly)  fllum 5% Topic buprofen 2% T	al Liquid	5ml (in office only)	ZIP
Phone Number Street Address City NPI  Commonl O Canth O Canth O Cimet Topica O Deoxy O Imiqui O Salicyl	naridin 1% Topical Lid naridin 1%/Salicylic A tidine 10%/Deoxy-I tidine 10%/Deoxy-I al Occlusaderm® y-D-Glucose 0.2%	quid 5ml (in Acid 30%/F D-Glucose D-Glucose	office on Podophy 0.29%/II	State DEA  ents with W  hly)  fllum 5% Topic buprofen 2% T	al Liquid	5ml (in office only)	ZIP
Street Address  City  NPI  Commonl  Canth  Canth  Cimet  Topica  Deoxy  Imiqui  Salicyl  Salicyl	naridin 1% Topical Lid naridin 1%/Salicylic A tidine 10%/Deoxy-I tidine 10%/Deoxy-I al Occlusaderm® y-D-Glucose 0.2%	quid 5ml (in Acid 30%/F D-Glucose D-Glucose	office on Podophy 0.29%/II	State DEA  ents with W  hly)  fllum 5% Topic buprofen 2% T	al Liquid	5ml (in office only)	ZIP
City  NPI  Commonl  Canth  Canth  Cimet  Topica  Deoxy  Imiqui  Salicyl  Salicyl	naridin 1% Topical Lid naridin 1%/Salicylic A tidine 10%/Deoxy-I tidine 10%/Deoxy-I al Occlusaderm® y-D-Glucose 0.2%	quid 5ml (in Acid 30%/F D-Glucose D-Glucose	office on Podophy 0.29%/II	DEA  ents with W  hly)  fllum 5% Topic buprofen 2% 1	al Liquid	5ml (in office only)	ZIP
Commonl O Canth O Canth O Cimet O Cimet Topica O Deoxy O Imiqui O Salicyl	naridin 1% Topical Lid naridin 1%/Salicylic A tidine 10%/Deoxy-I tidine 10%/Deoxy-I al Occlusaderm® y-D-Glucose 0.2%	quid 5ml (in Acid 30%/F D-Glucose D-Glucose	office on Podophy 0.29%/II	DEA  ents with W  hly)  flum 5% Topic buprofen 2% 1	al Liquid	5ml (in office only)	ZIP
Commonle O Canthe O Cimete Topica O Deoxy O Imiqui O Salicyle O Sa	naridin 1% Topical Lid naridin 1%/Salicylic A tidine 10%/Deoxy-I tidine 10%/Deoxy-I al Occlusaderm® y-D-Glucose 0.2%	quid 5ml (in Acid 30%/F D-Glucose D-Glucose	office on Podophy 0.29%/II	ents with W nly) rllum 5% Topic buprofen 2% 1	al Liquid		
O Canth O Canth O Cimet Topica O Deoxy O Imiqui O Salicyl	naridin 1% Topical Lid naridin 1%/Salicylic A tidine 10%/Deoxy-I tidine 10%/Deoxy-I al Occlusaderm® y-D-Glucose 0.2%	quid 5ml (in Acid 30%/F D-Glucose D-Glucose	office on Podophy 0.29%/II	nly) Illum 5% Topic buprofen 2% 1	al Liquid		
O Salicy	lic Acid 16.67% Con lic Acid 40% Topica ic Acid Dibutyl Este lic Acid 15%/Cimeti phyllum 20% In Tinc	-Glucose 0 mpound Col al Ointment r 0.1% Topi idine 5% To	.2% Top llodion To cal Soluti opical Occ	a Tree Oil 2.5% pical Gel (Praca opical ion clusaderm®	idocaine /Cimeti	e 5%/Salicylic Acid 15	
0	Apply to wart(s) twi	-					
QTY:							
Refills: 01 02							
X Prescriber's Signature	 e					Date	
Fill out the Pharm		Fax numb	er, the	n fax it to th	e Phai		



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