

# 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	Email	
		<input type="radio"/> M <input type="radio"/> F		

## 2 Prescriber and Prescription Information

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



### Prescribing Form – Compounded Medication

☐ Tretinoin 0.05%/Triamcinolone 0.05%/Hydroquinone 5% Topical Cream

### Directions/SIG

- ☐ Apply a thin layer to the affected area once nightly.
- ☐ Apply a small amount to darkened areas every other night, increasing to nightly as tolerated.
- ☐ Apply to the affected skin at bedtime; use sunscreen during the day.
- ☐ Other \_\_\_\_\_  
\_\_\_\_\_

### Quantity

- ☐ 30 g    ☐ 45 g    ☐ 60 g    ☐ Other \_\_\_\_\_

### Refills

\_\_\_\_\_

X \_\_\_\_\_

Prescriber's Signature

\_\_\_\_\_ Date

## 3 Fax it to Bayview Pharmacy at (401) 284-4506 or to our alternative fax (401) 210-2757.

We are currently licensed to service patients residing in **RI, MA, CT, NY, NJ, NH, and FL.**

Unfortunately, we are unable to fulfill prescriptions for patients outside of our service area.