

# 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 - Compounded Medication

Tretinoin 0.025%/Hydrocortisone 1%/Hydroquinone 7% 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.