

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 0.025%/Hydrocortisone 1%/Hydroquinone 10% 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.