PHARMACY CREATIONS

Please fax order to (973) 328-8731

PODIATRY ORDER FORM

PATIENT INFORMATION

Name			Order Date
Date of Birth	Address		
City		State	Zip Code
Day Phone	Home Phone		
Allergies			

Check ☑

☐ **5FU G1Plus Solution for Plantar Warts** **(Fluorouracil 5%, Levamisole 0.5%, Deoxy-d-Glucose 1%, Sal Acid 20%)**
Possible size: 5ml. Suggested Administration: Apply to affected area twice daily as directed. Disp. Qty.____Refill____time(s)

☐ **Salicylic Acid 30% Ointment for Plantar Warts**
Possible size: 60gm. Suggested Administration: Apply to affected area at bedtime. Disp. Qty.____Refill____time(s)

☐ **Terbinafine/Econazole Solution (2.5/1)% for Onychomycosis**
Possible size: 10ml. Suggested Administration: Apply to nail bed twice daily as directed. Disp. Qty.____Refill____time(s)

☐ **PF LEP Gel for Plantar Fasciitis** **(Pain, inflammation relief in Liposomal Enhanced Penetration (LEP) Gel)**
Possible size: 20ml. Suggested Administration: Apply 3-4 drops to affected area 4 times daily. Rub in well. Disp. Qty.____Refill____time(s)

☐ **Ketamine/Guiafenesin/Lidocaine Gel (10/10/10/5)% for Tendonitis**
Possible size: 20ml. Suggested Administration: Apply 3- 4 drops to affected area 4 times daily. Rub in well. Disp. Qty.____Refill____time(s)

☐ **Ketoprofen/Ibuprofen (10/2.5)% Transdermal Gel for Tendonitis**
Possible size: 30gm Ointment Jar. Suggested Administration: Apply bb sized amt to affected area q 4-6 hrs. Disp. Qty.____Refill____time(s)

☐ **Ketoprofen/Ketamine/Ibuprofen (10/10/2.5)% Transdermal Gel for Tendonitis**
Possible size: 30gm Ointment Jar. Suggested Administration: Apply bb sized amt to affected area q 4-6 hrs. Disp. Qty.____Refill____time(s)

☐ **Misoprostol/Triple Antibiotic/Lidocaine Ointment (0.0024/2)% for Wound Care**
(Misoprostol growth factor – promotes healing)
Possible size: 60gm. Suggested Administration: Apply to affected area 3 times daily Disp. Qty.____Refill____time(s)

Special Instructions:

PHYSICIAN INFORMATION

Physician's Name			Signature of Physician
DEA License #	State License #		Email
Address		City	
State	Zip Code	Phone	Fax

THIS FAX MAY CONTAIN CONFIDENTIAL PROTECTED HEALTH INFORMATION AND IS INTENDED SOLEY FOR THE INTENDED RECIPIENT. IF YOU SHOULD RECEIVE THIS TRANSMISSION IN ERROR PLEASE PROMPTLY DESTROY IT OR RETURN TO SENDER AT THE ADDRESS BELOW.

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