U Save It Pharmacy - Peach Valley
2310 Chesnee Hwy,
Spartanburg, SC 29303
P: 864-577-0087 F:864-577-0599

PEACH VALLEY

Patient's Name: _____ DOB: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____

Indication	***Dermatological Compounded Preparation***
Rosacea	☐ 0.05% Ketotifen Topical Cream ☐ 0.05% Ketotifen/ 0.75% Metronidazole Topical Cream ☐ 15% Azelaic Acid/ 1.2% Metronidazole Topical Gel ☐ 15% Azelaic Acid/ 0.05% Ketotifen/ 1% Oxymetazoline HCL Topical Gel ☐ 18% Azelaic Acid/ 0.4% Brimonide Tartrate/ 4% Niacinamide Topical Cream ☐ 0.15% Azelastine HCL/ 0.5% Brimonidine Tartrate Cream ☐ 1% Metronidazole/ 4% Niacinamide Topical Cream ☐ 0.06 Oxymetazoline HCL Topical Cream ☐ Other: _____ _____
Acne	☐ 1% Clindamycin/ 0.025% Tretinoin Topical Cream ☐ 1% Clindamycin/ 5% Benzoyl Perioxide Topical Cream ☐ 1% Clindamycin/ 4% Niacinamide/ 0.025% Tretinoin Topical Gel ☐ 2% Clindamycin/ Azelaic Acid 5% Topical Cream ☐ 10% Sulfacetamide Sodium/ 5% Sulfur Topical Cream ☐ 15% Azelaic Acid 15% Topical Cream ☐ 0.05% Tretinoin/ Erythromycin 3% Topical Cream ☐ 4% Niacinamide Topical Cream ☐ 5% Spironolactone Topical Cream ☐ 2% Clindamycin/ 4% Hydroquinone Topical Cream ☐ 20% Benzoyl Peroxide Topical Cream ☐ Other: _____ _____
Hirsutism	☐ 5% Metformin/ 1% Progesterone/ 1% Azelaic Acid/ 5% Spironolactone Topical Cream ☐ 5% Metformin/ 1% Progesterone/ 1% Azelaic Acid Topical Cream
Actinic Keratosis	☐ 0.5% Fluorouracil/ 10% Salicylic Acid Topical Solution ☐ 0.5% Fluorouracil/ 10% Salicylic Acid Topical Cream ☐ 0.5% Fluorouracil/ 3% Diclofenac Sodium/ 1% Niacinamide Topical Gel ☐ 5% Imiquimod/ 1% Diclofenac Sodium Topical Lipoderm ☐ 5% Imiquimod/ 3% Diclofenac Sodium Topical Cream ☐ 3% Diclofenac Sodium/ Sodium Hyaluronate ☐ Other: _____ _____

Custom Formulation	☐ _____ _____ + _____
Directions	***Size***
Apply to affected areas: Daily / BID/	☐ 15ml ☐ 30ml ☐ 50ml ☐ 100ml ☐ 200ml
Prescriber Name: **Prescriber #:**	**Prescriber Signature**:
	Special instructions or comments
Other notes	

Doctor Name (Printed)_____ DEA: _____ Phone:_____

_____ _____

Dispense as Written Substitution Permitted