



PEACH VALLEY

U Save It Pharmacy - Peach Valley

2310 Chesnee Hwy,
Spartanburg, SC 29303

P: 864-577-0087 F:864-577-0599

Patient's Name; _____ Dob: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Indication	Dermatological	Compounded	Preparation
Psoriasis/ Eczema	<input type="checkbox"/> 0.2% Zinc Pyrithione/ 0.05% Clobetasol Propionate/ 0.07% Cyanocobalamin cream <input type="checkbox"/> 0.05% Ketotifen/ 1% Naltrexone HCL Cream <input type="checkbox"/> 0.1% Azelastine HCL/ 0.05% Clobetasol Propionate Cream <input type="checkbox"/> 0.008% Betamethasone Valerate/ 0.15% Mupirocin Gel <input type="checkbox"/> 0.1% Tacrolimus/ 0.5% Naltrexone HCL Gel <input type="checkbox"/> 0.1% Tacrolimus/ 0.07% Cyanocobalamin/ 0.2% Zinc Pyrithione Cream <input type="checkbox"/> 1% Methotrexate Cream <input type="checkbox"/> Other: _____ _____ _____		
Skin Bleaching/ Lightening	<input type="checkbox"/> 8% Hydroquinone Cream <input type="checkbox"/> 0.01% Fluocinolone Acetonide/ 4% Hydroquinone/ 0.05% Tretinoin Gel <input type="checkbox"/> 6% Hydroquinone/ 0.5% Hydrocortisone/ 6% Kojic Acid/ Tretinoin 0.025% Cream <input type="checkbox"/> 20% Hydroquinone Gel <input type="checkbox"/> 8% Hydroquinone/ 0.1% Tretinoin Cream <input type="checkbox"/> 10% Glutathione Sunscreen Cream <input type="checkbox"/> 2% Niacinamide/ 2% Tranexamic Acid Cream <input type="checkbox"/> Other: _____ _____ _____		
Vitiligo	<input type="checkbox"/> 5% Fluorouracil/ 1% Triamcinolone Acetonide Cream <input type="checkbox"/> 5% Fluorouracil/ 0.025% Naltrexone HCL Cream <input type="checkbox"/> Other: _____ _____ _____		
Hair Loss	<input type="checkbox"/> 7.5% Minoxidil/ 0.5% Naltrexone Gel <input type="checkbox"/> 5% Minoxidil/ 0.25% Progesterone/ 0.07% Cyanocobalamin Solution <input type="checkbox"/> 5% Minoxidil/ 0.025% Tretinoin/ 0.05% Finasteride Solution <input type="checkbox"/> 10% Minoxidil/ 0.1% Finasteride Gel <input type="checkbox"/> 10% Minoxidil/ 0.1% Finasteride Solution <input type="checkbox"/> 5% Minoxidil/ 0.025% Tretinoin Gel <input type="checkbox"/> 8.5% Minoxidil/ 0.1% Finasteride Shampoo <input type="checkbox"/> Other: _____ _____ _____		

Shingles	<input type="checkbox"/> 2% Acyclovir/ 10% Gabapentin/ 5% Ketoprofen/ 2% Amitriptyline HCL/ 1% Tetracaine Gel <input type="checkbox"/> 5% Acyclovir/ 2% Lidocaine/ 2.5% Hydrocortisone Cream <input type="checkbox"/> 5% Acyclovir 2% Lidocaine Cream <input type="checkbox"/> Other: <hr/> <hr/>
Custom Formulation	<input type="checkbox"/> _____ + _____
Directions	Size
Apply to affected areas: Daily / BID/	<input type="checkbox"/> 15ml <input type="checkbox"/> 30ml <input type="checkbox"/> 50ml <input type="checkbox"/> 100ml <input type="checkbox"/> 200ml
Prescriber Name: Prescriber #:	Prescriber Signature:
	Special instructions or comments
Other notes	

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

Dispense as Written

Substitution Permitted