



Compounded Prescription Order Form

NOTE: If you would like to request a compounded Dermatology prescription, the following are examples of available formulations. Please print out the order form and consult with your doctor. If either you or your doctor would like more information please contact Farmacia Del Pueblo and speak with our compounding pharmacists.

Patient Information

DATE _____ LAST NAME _____ FIRST _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ DOB _____ ALLERGIES _____

(Check Item and Circle Strength)

Skin bleaching & tightening:

_____ 8% Hydroquinone / 0.01% Tretinoin cream / 2.5% Hydrocortisone cream
QOAD | 90 cc | 180 cc | 360 cc
Sig: Apply to affected area B.I.D.

Eczematous & Pruritic skin conditions:

_____ Triamcinalone + Sarna: 0.1% | 0.025% (8 oz. QOAD 1 lb.)
Sig: Apply to affected area B.I.D – T.I.D.

_____ 5 % Tween 80 in White petrolatum (QOAD 1 lb.)
Sig: Apply to affected area B.I.D. – T.I.D.

_____ Triamcinalone 0.1% + Camphor 0.25% + Menthol 0.25%
QOAD | 90 cc | 180 cc | 360 cc
Sig: Apply to affected area B.I.D.- T.I.D.

_____ Triamcinolone 0.25% + Salicylic acid 5% + Coal Tar _____ %
QOAD | 90 cc | 180 cc | 360 cc
Sig: Apply to affected area B.I.D.- T.I.D.

Nail Dystrophy:

_____ Thymol 3% in alcohol
QOAD | 90 cc | 180 cc | 360 cc
Sig: Apply to the affected area T.I.D. – Q.I.D.

2123 Civic Center Drive
North Las Vegas, NV 89030
Phone: (702) 399-9477
Fax: (702) 399-7570
www.pueblorx.com

Wart Remover:

_____ Acetic acid / Lactic acid/ Salicylic acid: all in flexible collodian | 1.0 g | 2.0 g | 3.0g

QOAD | 90 cc | 180 cc | 360 cc

Sig: Apply to warts at bedtime; scrape off with thumbnail under a tissue at next

Bedtime and reapply

Dry/chapped lips:

_____ 2% Urea in petrolatum lip balm

QOAD | 10 cc | 20 cc | 30 cc

Sig: Apply to affected area

Other formulation request: _____

SIG: _____ Qty: _____ Refills: _____

Prescriber's Signature/DEA _____ Date: _____