



# FAX Cover Sheet

From: \_\_\_\_\_

Date: \_\_\_\_\_

Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**To: Mixtures Pharmacy**

Fax: 480-706-0489

Ahwatukee (Phone: 480-706-0620)

Gilbert (Phone: 480-300-5279)

Scottsdale (Phone: 480-400-0649)

Subject: New Rx

Pages: (including the cover sheet) # \_\_\_\_\_

Comments:

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Allergies: \_\_\_\_\_

	Medication/Dose	Directions	Supply	Refills
<b>WARTS</b>	<b>Squaric Acid</b> (0.1-5%) _____% <input type="checkbox"/> in Ethanol <input type="checkbox"/> in Acetone	Apply to the affected area <input type="checkbox"/> daily <input type="checkbox"/> bid as directed by your physician	<input type="checkbox"/> 15ml <input type="checkbox"/> 30ml	
	<input type="checkbox"/> <b>Salicylic Acid</b> (2-70%) _____% <input type="checkbox"/> <b>Urea</b> (20-45%) _____% <input type="checkbox"/> Paste <input type="checkbox"/> Solution	Apply a thin layer to the affected area daily	<input type="checkbox"/> 30gm	
<b>NAIL FUNGUS</b>	<b>Thymol</b> (2-5%) _____% in <input type="checkbox"/> Ethanol <input type="checkbox"/> Acetone	Apply to the affected area _____ times a day.	<input type="checkbox"/> 15ml	

	Medication/Dose ( <input type="checkbox"/> Check box(es) of ingredients desired and include the %)	Directions	Supply	Refills
<b>HAIR LOSS</b>	<b>Minoxidil</b> (2-10%) _____% <input type="checkbox"/> Azelaic Acid 5% <input type="checkbox"/> Progesterone 2% <input type="checkbox"/> T3 2mcg/ml <input type="checkbox"/> Finasteride 1% <input type="checkbox"/> Ketoconazole 2%	Apply 1ml (20 drops) to scalp <input type="checkbox"/> qhs <input type="checkbox"/> bid	60ml <input type="checkbox"/> Solution <input type="checkbox"/> Shampoo	
<b>SKIN LIGHTENING</b>	<b>Hydroquinone</b> (4-10%) _____% <input type="checkbox"/> Azelaic Acid 5% <input type="checkbox"/> Kojic Acid 2%	Apply to dark spots daily for _____ days	<input type="checkbox"/> 30gm	
	<b>Groot</b> <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10% (HQ / AZ / KJ / RA / HC) _____%/5%/5%/0.025%/1%)	Apply to dark spots daily for _____ days.	<input type="checkbox"/> 30gm	
*Use Sunscreen	<input type="checkbox"/> <b>Diamond Cream</b> HQ/RA/VC _____%/0.01%/1% <input type="checkbox"/> <b>Diamond Deluxe</b> HQ/RA/TAC/VC _____%/0.01%/0.1%/1% <input type="checkbox"/> <b>Diamond Deluxe +</b> HQ/KJ/RA/TAC/VC _____%/5%/0.01%/0.1%/1% Hydroquinone (HQ) <input type="checkbox"/> 5% <input type="checkbox"/> 10%	Apply to dark spots daily for _____.	<input type="checkbox"/> 30gm	
<b>SKIN CARE</b>	<input type="checkbox"/> <b>Azelaic Acid</b> (5-20%) _____% (Acne and Rosacea) <input type="checkbox"/> <b>Metronidazole</b> (0.75-2%) _____% (Rosacea) <input type="checkbox"/> <b>Ivermectin</b> (0.75-2%) _____% (Actinic Rosacea) <input type="checkbox"/> <b>Clindamycin</b> (1-2%) _____% (Acne) <input type="checkbox"/> <b>Niacinamide</b> (2-10%) _____% (Anti-inflammatory) <input type="checkbox"/> <b>Zinc Pyrithione</b> (0.2-1%) _____% (Itchy, scaly, oily, or inflamed skin) <input type="checkbox"/> <b>Tranexamic Acid</b> (2-5%) _____% (Melasma, Post-inflammatory hyperpigmentation, and Rosacea)	Apply to face nightly	<input type="checkbox"/> 24gm	
<b>SCAR</b>	<input type="checkbox"/> <b>Naltrexone 0.5%, Aloe Vera 0.2% and Beta Glucan in PracaSil-Plus</b> <small>Dunn J, Liu Y, Banov F, Denison S, Banov D. A topical naltrexone formulation for surgical wound healing: A case report. J Cosmet Dermatol. 2021 Mar;20(3):638-41.</small> <input type="checkbox"/> <b>Aloe/BMS 0.5/0.1%</b> <input type="checkbox"/> <b>Lidocaine 0.2% in PracaSil-Plus</b>	Apply to scar once daily	<input type="checkbox"/> 30gm	

Signature (Substitution Permissible)	Print Name	NPI #	Office Phone #	Date written
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## Abbreviation Key

AV	Aloe Vera
AZ	Azelaic Acid
BMS	Betamethasone
CLN	Clindamycin
CQ10	CoQ 10/Ubinquinone/Unbiquinolol
DES	Desonide
DMS	Dexamethasone
FLUO	Fluocinonide
HC	Hydrocortisone
HQ	Hydroquinone
IVM	Ivermectin
KJ	Kojic Acid
KT	Ketotifen
KZ	Ketoconazole
MDZ	Metronidazole
MNX	Minoxidil
NAM	Niacinamide
RA	Retinoic Acid/ Tretinoin
SA	Salicylic Acid
SADE	Squaric Acid DibutylEster
T3	Liothyronine
TAC	Triamcinolone
TXA	Tranexamic Acid
VC	Vitamin C
ZP	Zinc Pyrithione