Inland Compounding Pharmacy, Inc. 24747 Redlands Blvd., Suite F, Loma Linda, CA 92354
Phone: 909 478-3842 Fax: 909 478-3853

Dermatology Antifungal Prescription Form

PATIENT INFORMATION:

Patient Name:_______________________________________ Date: ______________________________

Address: ____

City: ______________________________ State: ______________ Zip Code: _____________________

Phone Number: _______________________________ Birth Date:________________________________

Allergies: ______________________________ e-mail Address:____________________________

PHYSICIAN INFORMATION:

Physician Name: ____________________________________ Date:_______________________________

Address: ____

City: ______________________________ State: ______________ Zip Code: _____________________

Phone Number: ____________________________ e-mail Address: _______________________________

(Circle desired ingredients & strengths)

Anti-inflammatory:

Betamethasone	0.1%	
Desonide	0.05%	
Hydrocortisone	1%	2.5%
Triamcinolone	0.05%	0.1%

Antifungal :

Econazole	1%
Ketoconazole	2%
Itraconazole	1%
Undecylenic Acid	17%

Keratolytics:

Salicylic Acid	10%

Other:

Ibuprofen	2%
Menthol/Phenol	1%
Tea Tree Oil	

(Choose one of the following Bases and Quantity for the above compounds)
___ Vanishing Cream ___ Nail Solution, in DMSO, ___ 15 ml
___ 30 gm ___ 60 gm ___ 120 gm ___ Other

Directions:

REFILL __________ TIMES ___________

D.E.A.:___________________ Physician's Signature: ____________________________