

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

Dermatology General 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:

Hydrocortisone	0.5%	1%	2.5%
Triamcinolone	0.025%	0.05%	0.1%
Desonide	0.05%		
Clobetasol	0.05%		

Other:

Zinc Oxide	10%	15%	20%
Ibuprofen	1%	2%	
Menthol	1%		
Phenol	1%		

Antifungal :

Econazole	1%	
Ketoconazole	1%	2%
Clotrimazole	1%	2%
Miconazole	1%	2%

(Choose one of the following Bases and Quantity for the above compounds)

___ Vanishing Cream	___ Vanishing Lotion	___ 15 gm
___ Emollient Cream	___ Emollient Lotion	___ 30 gm
___ Ointment		___ 60 gm
___ Other		___ Other

Directions:

REFILL _____ TIMES

D.E.A.: _____ Physician's Signature: _____