

**608 S Houston Lake Rd
Warner Robins, GA 31088
Phone: 478-333-6767 | Fax: 478-333-6228**

Aesthetic Dermatology Order Form

Provider Information

| |
|-----------------|
| OFFICE NAME: |
| OFFICE ADDRESS: |
| OFFICE PHONE: |
| OFFICE FAX: |

Patient Information

| | |
|-----------|-----------|
| NAME | DOB |
| ADDRESS | |
| CITY | STATE/ZIP |
| PHONE | EMAIL |
| ALLERGIES | SEX |

Acne (30gm): \$65

| | |
|--|--|
| Dapnia (Dapsone 5%/Niacinamide 2%) Cream | |
| Asnia (Ascorbic Acid 10%/Niacinamide 1%) Cream | |
| Niatre (Niacinamide 4%/Tretinoin 0.05%) Cream | |
| Clindatret (Clindamycin 1.5%/Tretinoin 0.05%) Cream | |
| Spironolactone 5% Cream | |
| - Apply pea-sized amount to affected area(s) and leave overnight | |

Vitiligo (90gm): \$95

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|--------------------------------------|
| PseudocatalaseTopical Cream |
| - Apply to affected area twice daily |

Under Eye Cream (30gm): \$65

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|---------------------------------------|
| Cafest (Estriol0.1%/Caffeine5%) Cream |
| - Apply to under eye area daily |

Melasma (30gm): \$65

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|--|--|
| Trihydroret (Hydroquinone 8%/Tretinoin 0.1%/Triamcinolone 0.1%) Cream | |
| Trihydroret HS (Hydroquinone 4%/Tretinoin 0.05%/Triamcinolone 0.05%) Cream | |
| Fluhydroret (Fluocinolone 0.01%/Hydroquinone 6%/Tretinoin 0.05%/Kojic Acid 4%) Cream | |
| - Apply pea-sized amount to affected area(s) every night or every other night at bedtime | |

Anti-Aging/Wrinkles (30gm): \$65

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|---|--|
| Trenia (Tretinoin0.025%/Niacinamide 4%/Hyaluronic Acid 0.5%/Glycolic Acid 8%) Cream | |
| Estrac (Estriol 0.1%/Ascorbic Acid 15%/Hyaluronic Acid 0.5%) Cream | |
| - Apply pea-sized amount to face daily | |

BLT Cream (circle one: 60gm or 120gm) \$69 or \$99

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|---|
| Benzocaine 20%/Lidocaine 6%/Tetracaine 4% |
| - Apply 30-60 minutes prior to procedure |

Tretinoin cream (20gm) \$25 or \$30

| | | | |
|--|----|-----------------------|---|
| Tretinoin 0.025 mg or 0.5 mg = \$25 | OR | Tretinoin 1 mg = \$30 |  |
| - Apply pea-sized amount to affected area(s) every night or every other night at bedtime | | | |

Custom Sig: _____

Mail to Patient

Refill: 0 1 2 3 4 5

Prescriber's Name: _____

NPI: _____

Prescriber's Signature: _____

Date: _____



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Medical Dermatology Order Form

Provider Information

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|-----------------|
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| OFFICE ADDRESS: |
| OFFICE PHONE: |
| OFFICE FAX: |

Patient Information

| | |
|-----------|-----------|
| NAME | DOB |
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Dermatitis (30gm): \$65

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|---|
| Niades (Niacinamide 4%/Desonide 0.05%) Cream - Apply to affected area(s) _____ times daily as directed |
|---|

Anti-Fungal (30ml) \$65

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| Tercon (Fluconazole 3%/Ibuprofen 2%/Itraconazole 1%/Terbinafine 1%) Suspension - Prior to use, file nail bed. Paint affected nail bed up to 3 times daily. |
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Rosacea (30gm) \$65

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|---|
| Niamet (Niacinamide 4%/Ivermectin 2%/Metronidazole 2%) Cream |
| Hydroret (Hydroquinone 6%/Tretinoin 0.025%/Hydrocortisone 1%) Cream |
| Metaze (Metronidazole 1%/Azelaic Acid 15%) Cream |
| Triret (Hydroquinone 5%/Tretinoin 0.025%/Triamcinolone 0.05%) Cream |
| - Apply pea-sized amount to affected area 1-2 times daily as directed |

Wart (60ml) \$65

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| Salicylic Acid 10% / 20% / 30% (select strength) - Soak wart, file down, apply medication and cover with bandage. Apply daily until wart is gone. |
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Eczema (30gm) \$65

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|---|---|
| Hydroprim (Hydrocortisone 0.5%/Pramoxine 1%) Cream - Apply pea-sized amount to affected area 1-2 times daily as directed | Viral Sores (9gm) \$65 Lidoac (Lidocaine 2%/Acyclovir 8%) Ointment - Apply to affected area up to 5 times daily as needed |
|---|---|

Other \$65

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|---|
| TAC Combo (Cetaphil/Tiger Balm/Triamcinolone 0.1%) Cream 240gm - Apply thin film to affected area twice daily as needed |
| Triamcinolone 1%/Aquaphor Ointment 400gm - Apply to affected area(s) daily as needed/directed |
| All Purpose Diaper Rash Ointment (Vitamin A&D/Triple Antibiotic/Zinc Oxide 20%/Lidocaine 10%) 200gm - Apply to affected area at diaper changes as needed |

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NPI: _____

Prescriber's Signature: _____

Date: _____