



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

Hair Loss Order Form

Provider Information

OFFICE NAME:
OFFICE ADDRESS:
OFFICE PHONE:
OFFICE FAX:

Patient Information

NAME	DOB
ADDRESS	
CITY	STATE/ZIP
PHONE	EMAIL
ALLERGIES	SEX

Alopecia (60ml): \$65

Minoxidil 5%/Finasteride 0.3% Sol
Minoxidil 5%/Finasteride 0.1%/Tretinoin 0.025% Sol
Minoxidil 5%/Tretinoin 0.025% Sol
Minoxidil 5%/Dexamethasone 0.1% Sol
Minoxidil 7%/Biotin 0.1% Sol
Minoxidil 5%/Saw Palmetto Extract 5% Sol
Minoxidil 5%/Finasteride 0.3% Scalp Oil
Minoxidil 5%/Finasteride 0.1%/Tretinoin 0.025% Scalp Oil
Minoxidil 5%/Fluocinolone Acetonide 0.1% Scalp Oil
Minoxidil 5%/Dexamethasone 0.1%/Caffeine 0.5%/Dexpanthenol 0.1%/Niacinamide 2% Sol (for GLP-1 related hair loss)
Minoxidil 5%/Dexamethasone 0.5%/Tretinoin 0.025% Sol
Minoxidil 5%/Metformin 10%/Dexamethasone 0.1%/Tretinoin 0.025% Sol
Minoxidil 5%/Finasteride 0.1%/Dexamethasone 0.1% Sol

Sig: Apply topically to scalp daily as directed.

QTY: 60mL

Custom Sig: _____

Mail to Patient

Refill: 0 1 2 3 4 5

Prescriber's Name: _____ **NPI:** _____

Prescriber's Signature: _____ **Date:** _____

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FAX FORM TO ROBINS PHARMACY: 478-333-6228