



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

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