HAIR LOSS ORDER FORM

Patient Information

NAME	DOB
ADDRESS	
CITY	STATE/ZIP
PHONE	EMAIL
ALLERGIES	SEX

Select Medication

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 Rx: _____

_____

Sig: _____

Quantity: 60mL **Refills:** _____

Prescriber Information

PROVIDER NAME:	
DEA #:	PHONE #:
PROVIDER SIGNATURE:	DATE:

Robins Pharmacy

608 S Houston Lake Rd
Warner Robins, GA 31088

Phone: 478-333-6767

Fax: 478-333-6228