



1209 Tech Blvd, Suite 102, Tampa, FL 33619 - PH: 813-551-1165

FAX TO: 888-288-8253

PATIENT: _____ DOB: _____ ALLERGIES: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PH: _____ EMAIL: _____

FORMULA	DRUG / CONCENTRATION	QTY
# 1 Men's	<input type="radio"/> Minoxidil 5% / Finasteride 0.1% / Hydrocortisone 0.1% / Latanoprost 0.005% Gel (50ml)	30 day supply
# 2 Men's	<input type="radio"/> Minoxidil 5% / Azelaic Acid 1% / Vitamin B6 1% / Zinc Sulfate 1% / Latanoprost 0.005% Gel (50ml)	30 day supply
# 3 Women's	<input type="radio"/> Minoxidil 2% / Azelaic Acid 1% / Vitamin B6 1% / Zinc Sulfate 1% / Latanoprost 0.005% Gel (50ml)	30 day supply
ADD TO FORMULA (#1, #2 or #3)	<input type="radio"/> Tretinoin 0.025% <i>(Add additional \$5.00 to formula)</i>	
ADD TO FORMULA (#1, #2 or #3)	<input type="radio"/> Progesterone 0.025% <i>(Add additional \$5.00 to formula)</i>	
	<input type="radio"/> Finasteride 1mg (#90 tablets)	90 day supply

SIG/DIRECTIONS: To clean dry scalp, apply 2 pumps topically, once or twice daily to area(s) to be treated for hair loss.

REFILLS: _____

PROVIDER: _____ DEA: _____ NPI: _____

ADDRESS: _____ PH: _____

PRESCRIBER SIGNATURE: _____ DATE: _____