

# NEW PRESCRIPTION ORDER FORM

## 1 Patient Information

Last Name		First Name		MI
Address				Apt. #
City	State	ZIP	Phone Number	
Date of Birth (mm/dd/yyyy)		Sex	<input type="radio"/> M <input type="radio"/> F	Email

## 2 Prescriber and Prescription Information

Prescriber's Name		
Phone Number		Fax Number
Street Address		
City	State	ZIP
NPI	DEA	

### Prescribing Form - Dermatology

#### Most requested treatment for Dark Spots/Melasma

- |                                                                                                 |                                                                                               |                                                                                               |                                                                                                                |                                                                                                                                        |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> <b>HQ FREE</b><br>Tranexamic Acid 3%<br>Niacinamide 2%<br>Azelaic Acid 1% | <input type="radio"/> <b>CONTROL</b><br>Hydroquinone 6%<br>Niacinamide 2%<br>Ascorbic Acid 1% | <input type="radio"/> <b>VANISH</b><br>Hydroquinone 8%<br>Kojic Acid 6%<br>Tranexamic Acid 3% | <input type="radio"/> <b>CLEAR</b><br>Hydroquinone 12%<br>Niacinamide 2%<br>Kojic Acid 6%<br>Hydrocortisone 1% | <input type="radio"/> <b>ULTRA PLUS</b><br>Hydroquinone 12%<br>Niacinamide 2%<br>Kojic Acid 6%<br>Hydrocortisone 1%<br>Tretinoin 0.05% |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

#### Most requested treatment for Wrinkles

- |                                                                                                    |                                                                                                         |                                                                                                    |                                                                                                  |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="radio"/> <b>MILD</b><br>Tretinoin 0.01%<br>Niacinamide 2%<br>Sodium Hyaluronate 0.05% | <input type="radio"/> <b>MODERATE</b><br>Tretinoin 0.025%<br>Niacinamide 2%<br>Sodium Hyaluronate 0.05% | <input type="radio"/> <b>PLUS</b><br>Tretinoin 0.05%<br>Niacinamide 2%<br>Sodium Hyaluronate 0.05% | <input type="radio"/> <b>MAX</b><br>Tretinoin 0.1%<br>Niacinamide 2%<br>Sodium Hyaluronate 0.05% |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

**Directions:**  Apply 2-3 times per week, slowly increase frequency slowly as tolerated

Apply a pea size amount to entire face once daily at bedtime

Other \_\_\_\_\_

**QTY**  30gm  60gm      **Refills** 0 1 2 3 4 5 6 7 8 9 10 11 12 (circle one)

X \_\_\_\_\_  
Prescriber's Signature Date

## 3 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Pharmacy Fax Number

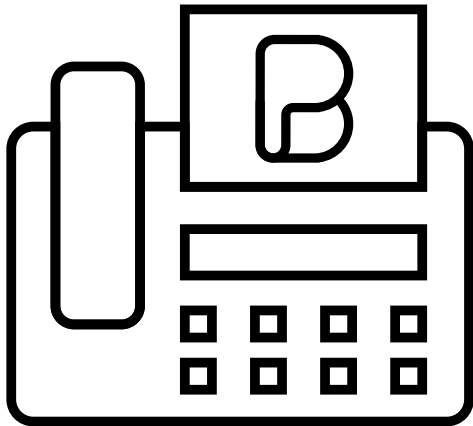
*The pharmacy name & fax # cannot be pre-printed in order to comply with RI Law 216-RICR-40-15-1 section 1.3A10*



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# FAX COVER SHEET



Please fax your order to:

**401-284-4506**

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3844 Post Road, Warwick RI 02886

Phone: 401 - 284 - 4505

[www.bayviewrx.com](http://www.bayviewrx.com)



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# PRICE SHEET

<b>Formula</b>	<b>30gm</b>	<b>60gm</b>
Lighten Products (used to treat Melasma, Sun/Age Spots and PIH)		
<b>HQ Free</b>	\$45	\$60
<b>Control</b>	\$45	\$60
<b>Vanish</b>	\$60	\$85
<b>Clear</b>	\$65	\$90
<b>Ultra Plus</b>	\$70	\$95
<b>Formula</b>	<b>30gm</b>	<b>60gm</b>
Anti-Wrinkle Products (used to treat Wrinkles, Texture, and Fine Lines)		
<b>Mild</b>	\$45	\$50
<b>Moderate</b>	\$45	\$50
<b>Plus</b>	\$50	\$60
<b>Max</b>	\$60	\$70

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