

Office Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ____ / ____ / ____ Phone: () _____ - _____

Allergies: _____

New Patient: Fax current insurance information with Rx

OB/GYN

	Medications	Strength	Directions	QTY	Refills
Vaginal Drynes	o Estriol o Estradiol <input type="checkbox"/> vaginal cream	<input type="checkbox"/> 0.5mg <input type="checkbox"/> 0.625mg <input type="checkbox"/> 1mg <input type="checkbox"/> 1.25mg <input type="checkbox"/> 2mg <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> ____ mg	PV 1gm qHS 14 days, PV 1gm qHS 2 time week 14 days, PRN	<input type="checkbox"/> 30gm <input type="checkbox"/> 60gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
	HLA / Vitamin E / Vitamin A	5mg / 1mg / 1mg/gm	PV 1gm qHS	<input type="checkbox"/> 30gm <input type="checkbox"/> 60gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
Yeast	Fluconazole	200mg	Insert 1 SUPP PV qD	Days: <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 28	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
	Boric Acid	600mg	Insert 1 SUPP PV qD	Days: <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 28	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
	Bacterial Vaginosis	Metronidazole 125mg/ml, Nystatin 25,000u/ml	1gm PV HS x 5 night	30gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
	Imiquimod	6.25mg		PV SUPP <input type="checkbox"/> 12 <input type="checkbox"/> 18	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> None
Antibiotics	Tetracycline	500mg		30 caps	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> None
	Doxycycline	100mg		30 caps	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> None
	Erythromycin	6mg		30 caps	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> None
Sexual Health	Libido Cream	Sildenafil 2.5%, Arginine 6%, Pentoxifylline 5%	PRN PV prior to intercourse	15gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
	Vulvodynia Cream	Lidocaine 5%, Diazepam 1%	1gm PV q 6 ° PRN pain	<input type="checkbox"/> 30gm <input type="checkbox"/> 60gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
	Gabapentin (for migraines)	1.2%	Apply 1mL to wrist	<input type="checkbox"/> 30gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None

	Condition	Medications	Directions	QTY	Refills
Pregnancy	Nausea / Vomiting	<input type="checkbox"/> Meclizine 2.5% (cream)	Apply 1gm to inner wrist q4-5° PRN	30 gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
		<input type="checkbox"/> Ondansetron 8mg/ml (gel)	Apply 1mL to inner wrist TID PRN	30 gm	
	Hemorrhoids	Hydrocortisone 2%, Pramoxine 1%	Insert 1 SUPP PR TID PRN	<input type="checkbox"/> 12 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 60	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
	Anal Fissure	Nitroglycerin 0.13%, Lidocaine 5%	Apply sparingly 4-6° PRN to affected area	30 gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
	Nipple Soreness	Mupirocin 2%, Betamethasone 0.1%, Miconazole 2%	Apply sparingly after each feeding	30 gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None

	Medications	Strength	Directions	QTY	Refills
Scar	Tamoxifen / Cafferime / Lipoic Acid / Traxilast	0.1%, 0.1%, 0.5%, 1%	Appy 1gm topically, BID	<input type="checkbox"/> 60gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
	Diphenhydromine / Nifedipine / Pentoxyfylline / Hydrocortisone / Tranilast	4%, 2%, 2%, 1%, 1%	Appy 1gm topically, BID	<input type="checkbox"/> 60gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None
Wound Closure	Phenytoin / Misoprostal	5%, 0.0024%	Appy 1gm topically, BID	<input type="checkbox"/> 60gm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> PRN <input type="checkbox"/> None

Additional Directions: _____



Phone: (855) 277-2488 Fax: (888) 689-9892

bill office ship to office bill patient ship to patient

Physician Name: _____

Physician Signature: _____

DEA# _____ NPI# _____

Date: / /