



Compounded Formulas for Rosacea Rx Template

Patient's Name: _____ DOB: _____

Patient's Address: _____ City: _____ State _____, Zip: _____

Patient's Phone: _____ Drug Allergies: _____

Topical Gel/Cream Vehicle Selection

Some of the formulas below have the option of being made as a **Cream** or as an **Anhydrous Gel**. The table below describes the fundamental differences between these two options. There are price and stability considerations with either choice.

Vehicle	Description	Price	Beyond Use Dating
Cream	White, smooth shiny cream	\$\$	Up to 30 days
Anhydrous Gel	Off white, smooth creamy gel	\$\$\$	Up to 180 days

Formulation Selection (choose by checking the box to the left of the formula)

- ☐ Azelaic Acid 15%-Ketotifen 0.05%-Oxymetazoline HCl 1% Topical Anhydrous Gel
- ☐ Azelaic Acid 15%-Metronidazole 1.2% Topical Anhydrous Gel
- ☐ Azelaic Acid 15%-Niacinamide 2% Topical Cream or Topical Anhydrous Gel (circle one)
- ☐ Ketotifen 0.05% Topical Cream *180 Day BUD
- ☐ Ketotifen 0.05% -Metronidazole 0.75% Topical Cream or Anhydrous Gel (circle one)
- ☐ Metronidazole 1%-Niacinamide 4% Topical Cream or Anhydrous Gel (circle one)

Quantity Selection (choose a dispense quantity by checking the corresponding box)

- ☐ 30gm ☐ 60gm ☐ 90gm ☐ _____ gm

Directions for Use (Choose pre-worded directions below or manually enter directions for use)

- ☐ Use as directed by your dermatologist
- ☐ _____

Refills?

- ☐ Refill _____ time(s)
- ☐ No Refills

Prescriber's Name: _____ Date: _____

Prescriber's Street Address: _____ City: _____ State: _____ Zip: _____

Prescriber's Phone Number: _____ Name of person submitting order: _____

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com