

Compounded Formulas for Scar Healing Rx Template

Patient's Name: _____ DOB: _____

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

Patient's Phone: _____ Drug Allergies: _____

Formulation Selection (choose one by checking the corresponding box)

- ☐ Aloe Vera 0.5% in PracaSil®-Plus Topical Gel
- ☐ Naltrexone HCl 0.5%-AzelaStine HCl 0.1% in PracaSil®-Plus Topical Gel
- ☐ Niacinamide 2% in PracaSil®-Plus Topical Gel
- ☐ Tretinoin 0.1% in PracaSil®-Plus Topical Gel

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

- ☐ 15gm ☐ 30gm ☐ ____gm

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

- ☐ Apply a small amount to the affected area 1-2 daily as needed for scar healing
- ☐ _____

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: _____