

8505 SW Creekside Place Suite 110, Beaverton, OR 97008 www.northwestcompounders.com | info@northwestcompounders.com

P: 503-352-3811 | F: 503-624-0591

Compounded Formulas for Scar Healing Rx Template

Patient's Name:	DOB:
Patient's Address:	City: State, Zip:
Patient's Phone:	Drug Allergies:
Formulation Selection (c	hoose 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% ir	PracaSil®-Plus Topical Gel
Quantity Selection (choose	e 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 amou	nt to the affected area 1-2 daily as needed for scar healing
Refills?	
Refill time(s	☐ No Refills
escriber's Name:	Date:
	City: State:Zip:
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Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com