


Date Written: _____ Customer (Sol) ID: _____ Due Date: _____

Please complete the information below. Missing, incomplete, or illegible information will cause a delay in your order.

Patient Information

Name:		Date of Birth:	
Address:		Driver's License #:	
City:		State:	Zip: _____
Phone (H):		Cell / Day Phone:	
E-mail:		Drug Allergies:	

Prescriber Information

Prescriber Name:		Prescriber Signature:	
Practice Name:		E-mail:	
DEA License #:		State License #:	
Address:			
City:		State:	Zip: _____
Phone:		Fax:	

Prescription Information

Preparation	Ingredients	Qty	Instructions	Refills	
<input type="checkbox"/> PhytoSolRx™ 60 ml dropper bottle	<input type="checkbox"/> OPTION 1: TrichoSol™ Base plus Latanoprost 0.01% / Minoxidil <input type="checkbox"/> 2% or <input type="checkbox"/> 5 % <input type="checkbox"/> OPTION 2: TrichoSol™ Base plus Latanoprost 0.01% / Minoxidil 5% / Finasteride 0.25% <input type="checkbox"/> OPTION 3: TrichoSol™ Base plus Latanoprost 0.01% / Minoxidil <input type="checkbox"/> 2% or <input type="checkbox"/> 5 % / Spironolactone 1% <input type="checkbox"/> OPTION 4: TrichoSol™ Base plus Latanoprost 0.01% / Minoxidil <input type="checkbox"/> 2% or <input type="checkbox"/> 5 % / Tretinoin 0.01% / Fluocinolone 0.01% / Caffeine 2% <input type="checkbox"/> OPTION 5: TrichoSol™ Base plus Latanoprost 0.01% / Minoxidil 5% / Finasteride 0.25% / Tretinoin 0.01% / Fluocinolone 0.01% / Caffeine 2% <input type="checkbox"/> OPTION 6: TrichoSol™ Base plus Latanoprost 0.01% / Minoxidil 5% / Dutasteride 1% / Tretinoin 0.01% / Fluocinolone 0.01% / Caffeine 2% <input type="checkbox"/> OPTION 7: TrichoSol™ Base plus Latanoprost 0.01 % / Minoxidil 5% / Dutasteride 1%			Apply to affected areas once or twice daily.	
<input type="checkbox"/> PhytoFoamRx™ 60 ml (2.11 oz) topical foam	<input type="checkbox"/> OPTION 1: TrichoFoam™ Base plus Latanoprost 0.01% / Minoxidil <input type="checkbox"/> 2% or <input type="checkbox"/> 5 % <input type="checkbox"/> OPTION 2: TrichoFoam™ Base plus Latanoprost 0.01% / Minoxidil 5% / Finasteride 0.25% <input type="checkbox"/> OPTION 3: TrichoFoam™ Base plus Latanoprost 0.01% / Minoxidil <input type="checkbox"/> 2% or <input type="checkbox"/> 5 % / Tretinoin 0.01% / Fluocinolone 0.01% / Caffeine 2% <input type="checkbox"/> OPTION 4: TrichoFoam™ Base plus Latanoprost 0.01% / Minoxidil 5% / Finasteride 0.25% Tretinoin 0.01% / Fluocinolone 0.01% / Caffeine 2% <input type="checkbox"/> OPTION 5: TrichoFoam™ Base plus Latanoprost 0.01% / Minoxidil 5% / Dutasteride 1% / Tretinoin 0.01% / Fluocinolone 0.01% / Caffeine 2%			Apply to affected areas by massaging into the scalp once or twice daily. Do not rinse out.	
<input type="checkbox"/> Other Rx Order:	_____				

Billing & Shipping Information

Payment Options:	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> AMEX	<input type="checkbox"/> Bill Card on File <input type="checkbox"/> Bill Card listed below
Name on Card:	_____	
Credit Card #:	_____	Expiration Date: _____
Shipping Location:	<input type="checkbox"/> Ship to Patient <input type="checkbox"/> Ship to Prescriber	Shipping Type: <input type="checkbox"/> Overnight <input type="checkbox"/> 2 nd Day <input type="checkbox"/> Express Saver

By submitting this prescription, you acknowledge that you have evaluated commercially available drug product options and determined that this compounded preparation is clinically necessary for the patient identified above.