

Patient's Name:	DOB:	Allergies:	FAX form (210) 634-2480
Address:	Phone:		Today's Date:
City/State/Zip:	Diagnosis & Treatment Site:		

MEDICATIONS	SIG	Must Include Application Location (Arms, Face, Chest, Back, Legs)	QTY	Refills
<input type="checkbox"/> Doxycycline Hyclate DR <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/> 150mg <input type="checkbox"/> 200mg	Take 1 tablet by mouth	<input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> ___	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12
<input type="checkbox"/> Doxycycline IR-DR 40mg	Take 1 Capsule by mouth	<input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> ___	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12
<input type="checkbox"/> Doxycycline IR Hyclate Tabs <input type="checkbox"/> 75mg <input type="checkbox"/> 150mg	Take 1 Capsule by mouth	<input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> ___	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12
<input type="checkbox"/> Doxycycline IR Monohydrate <input type="checkbox"/> Tabs 75mg <input type="checkbox"/> Caps 75mg <input type="checkbox"/> Caps 150mg	Take 1 Capsule by mouth	<input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> ___	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12
<input type="checkbox"/> Isotretinoin Capsules <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg <input type="checkbox"/> 30mg <input type="checkbox"/> 40mg <input type="checkbox"/> 30/40mg BID	Take 1 Capsule by mouth	<input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> ___	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12
<input type="checkbox"/> Minocycline ER Tab <input type="checkbox"/> 45mg <input type="checkbox"/> 55mg <input type="checkbox"/> 65mg <input type="checkbox"/> 80mg <input type="checkbox"/> 90mg <input type="checkbox"/> 105mg <input type="checkbox"/> 115mg <input type="checkbox"/> 135mg	Take 1 Tablet by mouth	<input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> ___	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12
ACNE / ROSACEA				
<input type="checkbox"/> Adapalene 0.3% Gel	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs 1 time daily	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 45g <input type="checkbox"/> ___
<input type="checkbox"/> Adapalene / Benzoyl Peroxide 0.1%-2.5% Gel	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 45g <input type="checkbox"/> ___
<input type="checkbox"/> Adapalene 0.1% Swabs	Use 1 swab to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs 1 time daily	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 14 swabs <input type="checkbox"/> ___
<input type="checkbox"/> Azelaic Acid 15% Gel	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 50g <input type="checkbox"/> ___
<input type="checkbox"/> Clindamycin / Benzoyl Peroxide Gel <input type="checkbox"/> 1%-5% <input type="checkbox"/> 1.2%-2.5%	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 25g <input type="checkbox"/> 50g <input type="checkbox"/> ___
<input type="checkbox"/> Clindamycin Phosphate 1% <input type="checkbox"/> Gel <input type="checkbox"/> Lotion	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 60g <input type="checkbox"/> 60ml <input type="checkbox"/> ___
<input type="checkbox"/> Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 30g <input type="checkbox"/> 60g <input type="checkbox"/> ___
<input type="checkbox"/> Dapsone gel <input type="checkbox"/> 5% <input type="checkbox"/> 7.5%	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 60g <input type="checkbox"/> 90g <input type="checkbox"/> ___
<input type="checkbox"/> Enzoclear Foam (Benzoyl Peroxide 9.8%)	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x daily		<input type="checkbox"/> 100g <input type="checkbox"/> ___
<input type="checkbox"/> Ivermectin 1% Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 45g <input type="checkbox"/> ___
<input type="checkbox"/> Metronidazole 0.75% <input type="checkbox"/> Cream <input type="checkbox"/> Lotion <input type="checkbox"/> Gel <input type="checkbox"/> 1% Gel	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 60g <input type="checkbox"/> 59ml <input type="checkbox"/> ___
<input type="checkbox"/> Sodium Sulfacetamide 10% Liquid	Apply 2 to 4 ml to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 480ml <input type="checkbox"/> ___
<input type="checkbox"/> Sulfacetamide Sod/Sulfur Cleanser 10%/2%	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 227g <input type="checkbox"/> ___
<input type="checkbox"/> Sulfacetamide Sod/Sulfur Emulsion 10%/5%	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 170g <input type="checkbox"/> ___
<input type="checkbox"/> Sulfacetamide Sod/Sulfur Topical Suspension 8%/4%	Apply 2 to 4 ml to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 473ml <input type="checkbox"/> ___
<input type="checkbox"/> Sulfacetamide Sodium Lotion 10%	Apply 2 to 4 ml to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 118ml <input type="checkbox"/> ___
<input type="checkbox"/> Tazarotene 0.1% Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 30g <input type="checkbox"/> 60g <input type="checkbox"/> ___
<input type="checkbox"/> Tretinoin <input type="checkbox"/> Cream <input type="checkbox"/> Gel <input type="checkbox"/> 0.025% <input type="checkbox"/> 0.05% <input type="checkbox"/> 0.1%	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 15g <input type="checkbox"/> 20g <input type="checkbox"/> 45g <input type="checkbox"/> ___
DERMATITIS				
<input type="checkbox"/> Calcipotriene 0.005% <input type="checkbox"/> Foam <input type="checkbox"/> Cream <input type="checkbox"/> Ointment	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 50g <input type="checkbox"/> 60g <input type="checkbox"/> ___
<input type="checkbox"/> Calcipotriene 0.005%/Bethameth 0.064% <input type="checkbox"/> Oint <input type="checkbox"/> Susp	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 60g <input type="checkbox"/> ___
<input type="checkbox"/> Doxepin 5% Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x daily		<input type="checkbox"/> 45g <input type="checkbox"/> ___
<input type="checkbox"/> Pimecrolimus 1% Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 30g <input type="checkbox"/> 60g <input type="checkbox"/> ___
<input type="checkbox"/> Salicylic Acid 3%/Benzoic Acid (Bensal Hp)	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 30g <input type="checkbox"/> 60g <input type="checkbox"/> 90g
<input type="checkbox"/> Tacrolimus Ointment <input type="checkbox"/> 0.03% <input type="checkbox"/> 0.1%	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 30g <input type="checkbox"/> 60g <input type="checkbox"/> 100g <input type="checkbox"/> ___
TOPICAL STEROIDS				
<input type="checkbox"/> Betamethasone Dipropionate Augmented 0.05% <input type="checkbox"/> Cream <input type="checkbox"/> Oint	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 50g <input type="checkbox"/> ___
<input type="checkbox"/> Betamethasone Valerate 0.12% Foam	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 150g <input type="checkbox"/> ___
<input type="checkbox"/> Clobetasol 0.05% <input type="checkbox"/> Foam <input type="checkbox"/> Cream <input type="checkbox"/> Oint <input type="checkbox"/> Lotion <input type="checkbox"/> Shamp <input type="checkbox"/> Spray <input type="checkbox"/> Soln	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 50g <input type="checkbox"/> 60g <input type="checkbox"/> 118ml <input type="checkbox"/> ___
<input type="checkbox"/> Desoximetasone 0.05% <input type="checkbox"/> Ointment <input type="checkbox"/> Cream <input type="checkbox"/> Spray	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 60g <input type="checkbox"/> 100g <input type="checkbox"/> ___
<input type="checkbox"/> Diflorasone 0.05% <input type="checkbox"/> Ointment <input type="checkbox"/> Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 60g <input type="checkbox"/> ___
<input type="checkbox"/> Halcinonide 0.1% Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 2x <input type="checkbox"/> 3x daily		<input type="checkbox"/> 60g <input type="checkbox"/> ___
<input type="checkbox"/> Halobetasol Propionate 0.05% Ointment	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 50g <input type="checkbox"/> ___
<input type="checkbox"/> Hydrocortisone Butyrate 0.1% <input type="checkbox"/> Lotion <input type="checkbox"/> Lipo Base Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 59ml <input type="checkbox"/> 118ml <input type="checkbox"/> 45g <input type="checkbox"/> ___
<input type="checkbox"/> Triamcinolone Acetonide 0.05% Ointment	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x daily		<input type="checkbox"/> 430g <input type="checkbox"/> ___
MEDICAL MOISTURIZER/WOUND CARE				
<input type="checkbox"/> Atopaderm Skin Barrier Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 2x <input type="checkbox"/> 3x daily		<input type="checkbox"/> 100g <input type="checkbox"/> 200g <input type="checkbox"/> ___
<input type="checkbox"/> Atopavo Wound Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 2x <input type="checkbox"/> 3x daily		<input type="checkbox"/> 45g <input type="checkbox"/> ___
<input type="checkbox"/> Hylaguard Skin Barrier Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 2x <input type="checkbox"/> 3x daily		<input type="checkbox"/> 450g <input type="checkbox"/> ___
ANTIFUNGAL				
<input type="checkbox"/> Econazole Nitrate Cream 1%	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 80g <input type="checkbox"/> ___
<input type="checkbox"/> Ketoconazole 2% <input type="checkbox"/> Cream <input type="checkbox"/> Foam	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 50g <input type="checkbox"/> 60g <input type="checkbox"/> ___
<input type="checkbox"/> Oxiconazole Nitrate 1% Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 30g <input type="checkbox"/> 60g <input type="checkbox"/> ___
KERATOLYTICS				
<input type="checkbox"/> Fluorouracil 5% Cream	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 40g <input type="checkbox"/> ___
<input type="checkbox"/> Salicylic Acid 3%/Benzoic Acid (Bensal Hp)	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 30g <input type="checkbox"/> 60g <input type="checkbox"/> 90g
<input type="checkbox"/> Urea Cream <input type="checkbox"/> 39% <input type="checkbox"/> 40% <input type="checkbox"/> 41%	Apply 2 to 4 g to	<input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> 1x <input type="checkbox"/> 2x daily		<input type="checkbox"/> 198.4g <input type="checkbox"/> 227g <input type="checkbox"/> ___
<input type="checkbox"/> Other:			<input type="checkbox"/> ___	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12

Prescriber Name:		Prescriber's Signature:	
NPI#	DEA#	Phone:	Fax:
Address:		City/State/Zip:	

Patients are free to use any pharmacy provider, and not obligated to use this service. To use the Derma Dash Network please fax this form to (210) 634-2480.