



# ILLINOIS COMPOUNDING PHARMACY

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## DERM COMPOUND ORDER FORM



PATIENT INFORMATION SECTION			PRESCRIBER INFORMATION SECTION		
Patient Name:			Prescriber Name:		
Address:			DEA:	NPI:	
City:	State:	Zip:	City:	State:	Zip:
Phone:		Allergies:	Phone:	Fax:	

MELASMA	PSORIASIS
<input type="checkbox"/> Hydroquinone 6% / Tretinoin 0.025% / Hydrocortisone 1% Cream (QTY #__ 60gm __ 90gm __ 120gm) SIG: Apply evenly to affected area once or twice daily as tolerated. <input type="checkbox"/> Hydroquinone 4% / Tretinoin 0.025% / Hydrocortisone 2.5% / Kojic Acid 5% Cream (QTY #__ 60gm __ 90gm __ 120gm) SIG: Apply evenly to affected area once or twice daily as tolerated. <input type="checkbox"/> Hydroquinone 10% / Tretinoin 0.05% Cream (QTY #__ 60gm __ 90gm __ 120gm) SIG: Apply evenly to affected area once or twice daily as tolerated.	<input type="checkbox"/> Clobetasol Propionate 0.05% / Urea 10% Cream (QTY #90gm) SIG: Apply to the affected area(s) twice daily as directed. <input type="checkbox"/> Betamethasone Dipropionate 0.05% / Urea 10% Cream (QTY #90gm) SIG: Apply to the affected area(s) twice daily as directed. <input type="checkbox"/> Coal Tar 10% Cream (QTY #__ 30gm __ 60gm) SIG: Apply to the affected area(s) twice daily as directed. <input type="checkbox"/> Clobetasol Propionate 0.05% (Optional Add-On) <input type="checkbox"/> Salicylic Acid 5% (Optional Add-On)
ROSACEA	KERATOSIS PILARIS
<input type="checkbox"/> Metronidazole 1% / Azelaic Acid 15% Cream (QTY #__ 60gm __ 90gm __ 120gm) SIG: Apply to the affected area(s) twice daily as directed. <input type="checkbox"/> Metronidazole 1% / Niacinamide 4% / Hyaluronic Acid Sodium 0.2% Cream (QTY #__ 60gm __ 90gm __ 120gm) SIG: Apply to the affected area(s) twice daily as directed. <input type="checkbox"/> Sodium Sulfacetamide 10% / Niacinamide 2% in Espumil Foam (QTY #__ 100mL __ 250mL) SIG: Apply one pump to the affected area(s) twice daily as directed.	<input type="checkbox"/> Hydroquinone 5% / Kojic Acid 2% / Vitamin C 2.5% / Tretinoin 0.05% Cream (QTY #__ 60gm __ 90gm __ 120gm) SIG: Apply to the affected area(s) twice daily as directed. <input type="checkbox"/> Lactic Acid 10% / Salicylic Acid 10% Cream (QTY #__ 30gm __ 60gm) SIG: Apply to the affected area(s) daily. <input type="checkbox"/> Urea 20% / Salicylic Acid 6% / Ammonium Lactate 12% Cream (QTY #__ 30gm __ 60gm) SIG: Apply to the affected area(s) daily.
ACNE	SCALP TREATMENT
<input type="checkbox"/> Azelaic Acid 5% / Niacinamide 4% / Erythromycin 2% Cream (QTY #__ 60gm __ 90gm __ 120gm) SIG: Apply to the affected area(s) twice daily as directed. <input type="checkbox"/> Minocycline 3% / Niacinamide 4% / Benzoyl Peroxide 5% Cream (QTY #__ 60gm __ 90gm __ 120gm) SIG: Apply to the affected area(s) twice daily as directed. <input type="checkbox"/> Clindamycin 2% / Niacinamide 6% / Benzoyl Peroxide 5% Cream (QTY #__ 60gm __ 90gm __ 120gm) SIG: Apply to the affected area(s) twice daily as directed.	<input type="checkbox"/> Ketoconazole 2% / Salicylic Acid 10% / Clobetasol 0.05% in TrichoWash (QTY #360mL) SIG: Wet hair thoroughly, apply shampoo, generously lather, rinse thoroughly. Use every 3-4 days for up to 8 weeks as directed. <input type="checkbox"/> Ketoconazole 2% / Salicylic Acid 10% / Fluocinonone 0.025% in TrichoWash (QTY #360mL) SIG: Wet hair thoroughly, apply shampoo, generously lather, rinse thoroughly. Use every 3-4 days for up to 8 weeks as directed. <input type="checkbox"/> Minoxidil 5% / Finasteride 0.1% in TrichoFoam (QTY #__ 60mL __ 120mL) SIG: Apply 1 pump onto fingers. Use your fingers to spread the foam over the hair loss area and gently massage into the scalp twice daily.
SCAR THERAPY	COLD SORES
<input type="checkbox"/> Tretinoin 0.05% / Triamcinolone Acetonide 0.05% in Silicone Based Gel (QTY #__ 60gm __ 90gm) SIG: Apply evenly to affected area once or twice daily as tolerated. <input type="checkbox"/> Dexpanthenol 3% / Chamomile Extract 2% in Silicone Based Gel (QTY #__ 60gm __ 90gm) SIG: Apply evenly to affected area once or twice daily as tolerated.	<input type="checkbox"/> Acyclovir 2% / Gabapentin 5% / Ketoprofen 5% / Lidocaine 5% Cream (QTY #__ 30gm __ 60gm) SIG: Apply 5 times per day for 5 days. Therapy should be initiated as early as possible after the first signs and symptoms or when lesions appear. <input type="checkbox"/> Acyclovir 5% / Lidocaine 1% / Sodium Lauryl Sulfate 5% Medicated Stick SIG: Apply 4-5 times daily as directed.

Other: _____	SIG: _____	Dispense: _____	Refills: _____
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Send to Patient  Send to Office  Send to Patient  Send to Office

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### HOW TO SEND

1. Call in a prescription: (847)603-1034
2. Email prescription: ILcompoundingRx@gmail.com
3. Fax prescription: (847)232-7425
4. Upload the completed prescription order form to our website: <https://illinoiscompoundingpharmacy.com/upload-prescription>
5. Send Electronic ERX

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Disclaimer: Illinois Compounding Pharmacy, Inc. is a 503A licensed compounding pharmacy that customizes medications to meet unique patient and prescriber needs. The FDA allows compounding when commercial drugs are in shortage or the patient is required to take a compounded drug because they will benefit from it. Compounding a product because it is cheaper than a commercial product is not allowed. Our pharmacy does not compound copies of commercially available products unless allowed by the FDA (ie FDA shortage list, allergies, palatability, etc.