ILLINOIS COMPOUNDING PHARMACY
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WOMEN'S HEALTH COMPOUND ORDER FORM

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

VAGINAL ATROPHY/ DRYNESS/ PAINFUL INTERCOURSE CAUSED BY LOW ESTROGEN LEVEL

PCOS WITH EXCESSIVE HAIR (HIRSUTISM) & ACNE

REFILLS:

☐ #_____ ☐ As needed for 1 year

ANTI-AGING FACIAL FORMULAS

MEDICATION/ DIRECTION

☐ Niacinamide 2.5% -Tretinoin 0.05% Gel
☐ (Estriol 0.1% -Niacinamide 2.5% -Tretinoin 0.05% Gel
☐ Estriol 0.3% Cream

Directions

☐ Apply to face topically every night at bedtime
☐ Other: _____

QUANTITY OR DAY SUPPLY:

☐ _____ ml ☐ _____ Vaginal Suppositories OR
☐ 30 Day Supply ☐ 60 Day Supply ☐ 90 Day Supply ☐ _____ Day Supply

REFILLS:

☐ #_____ ☐ As needed for 1 year

Reference

Treatment of skin aging with topical estrogens
https://pubmed.ncbi.nlm.nih.gov/8876303/

ROSACEA

MEDICATION/ DIRECTION

☐ Azelaic acid 15% -Metronidazole 1.2% Topical Cream
☐ Ivermecn 1% Topical Cream
☐ Praziquantel 3% Topical Gel

Directions

☐ Apply topically to affected area(s) twice a day
☐ Other: _____

QUANTITY OR DAY SUPPLY:

☐ _____ ml ☐ _____ Vaginal Suppositories OR
☐ 30 Day Supply ☐ 60 Day Supply ☐ 90 Day Supply ☐ _____ Day Supply

ROSACEA

REFILLS:

☐ #_____ ☐ As needed for 1 year

Reference

Additional evidence that rosacea pathogenesis may involve demodex:
new information from the topical efficacy of ivermectin and praziquantel
https://www.researchgate.net/publication/28260838l_Additional_evidence_that
_rosacea_pathogenesis_may
_involve_demodex_New_information_from_the_topical_efficacy_of_ivermectin_ and_praziquantel

GENITAL HERPES

MEDICATION/ DIRECTION

☐ PracaSil®-Plus Base ONLY (OTC item) (No active drug)
(Note: See more information about this product under reference)
☐ Aloe Vera 0.5% (PracaSil®-Plus) Topical Gel
☐ Trenoin 0.025% (PracaSil®-Plus) Topical Gel

DIRECTIONS:

☐ Apply a small amount to affected area(s) topically twice a day
☐ Other: _____

QUANTITY OR DAY SUPPLY:

☐ _____ ml ☐ _____ Vaginal Suppositories OR
☐ 30 Day Supply ☐ 60 Day Supply ☐ 90 Day Supply ☐ _____ Day Supply

REFILLS:

☐ #_____ ☐ As needed for 1 year

PRACASIL®-PLUS BASE:

- May use without active drug while pregnant or breastfeeding.
- May be used after surgery or an injury for reducing inflammation and the buildup of scar tissue. It also may be used on stretch marks, which can form with sudden weight gain or loss, when young people grow quickly during puberty, or with pregnancy.
- Features a proprietary blend of ingredients, including silicones and pracaxi oil (rich in skin-friendly fatty acids and lipids). It has been helping making a huge difference for patients who want to improve the appearance of scars, including keloid and acne scars.

☐ Send to **PATIENT** ☐ Charge to **PATIENT**
☐ Send to **OFFICE** ☐ Charge to **OFFICE**

SIGN HERE _____ 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

Ready to Experience Personalized Care?

Take the next step toward better health with Illinois Compounding Pharmacy. Whether you're looking for custom medications, expert advice, or convenient delivery options, we're here to help

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.