

Dermatology Medication Request

Please fax this form with patient's insurance/demographic sheet to 813-549-3810



Patient Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Acne (Oral) #/Size Refills

- Doryx 150mg Tabs
 - Isotretinoin 10/20/30/40 mg
 - Monodox 75/100mg Caps
 - Solodyn 55/65/80/105/115mg Tabs
 - Other: _____
- SIG: _____
SIG: _____

Acne (Topical) #/Size Refills

- Acanya Gel
 - Aczone Gel
 - Atralin Gel
 - Azelex Cream
 - Benz E Foam
 - Benzaclin Pump Care Kit
 - Clindacin PAC/P
 - Differin Gel/Lot/Cr, 0.1/0.3%
 - Duac Gel
 - Epiduo Gel
 - Evoclin Foam
 - Fabior Foam 0.01%
 - NeoBenz Micro/Plus Pack
 - Pacnex HP/LP
 - Retin-A Micro 0.04/0.1%
 - Tazorac Cr/Gel 0.05/0.1%
 - Triax Foam Cloths 3/6/9%
 - Veltin Gel
 - Ziana Gel
 - Other: _____
- SIG: _____
SIG: _____

Actinic Keratosis #/Size Refills

- Carac Cream
 - Picato Gel 0.15%, 0.05%
 - Solaraze Gel
 - Zyclara Cream
 - Other: _____
- SIG: _____
SIG: _____

Anti-Fungal #/Size Refills

- Extina Foam
 - Loprox Shampoo
 - Naftin Cream/Gel
 - Oxistat Cream/Lotion
 - Tersi Foam
 - Vusion Ointment
 - Xologel Gel
 - Other: _____
- SIG: _____
SIG: _____

Barrier Preparations #/Size Refills

- Epiceram Emulsion
 - Hydro 40 Foam
 - Hylatopic Plus
 - Tetrax Cream
 - Uramaxin Foam
 - Other: _____
- SIG: _____
SIG: _____

Psoriasis #/Size Refills

- Clobex Shampoo/Spray/Lotion
 - Salvax Foam
 - Scytera Foam
 - Taclonex Ointment/Scalp
 - Vectical Ointment
 - Other: _____
- SIG: _____
SIG: _____

Rosacea #/Size Refills

- Finacea Gel
 - Metrogel Gel
 - Mivaso Gel 0.33%
 - Oracea 40mg Tabs
 - Soolantra 1% Cream
 - Other: _____
- SIG: _____
SIG: _____

Steroids #/Size Refills

- Cordran Cream/Lotion
 - Cutivate Lotion
 - Desonate Gel
 - Locoid Lipocream/Lotion
 - Luxiq Foam
 - NeoSalus Foam
 - Olux E Foam
 - Vanos Cream
 - Verdeso Foam
 - Other: _____
- SIG: _____
SIG: _____

Miscellaneous #/Size Refills

- Altabax Ointment
 - Centany Ointment/AT
 - Salkera Foam
 - Veregen Ointment 15%
 - Uramaxin GT
 - Other: _____
- SIG: _____
SIG: _____

Diagnosis: _____ Dispense as written: _____ Office Contact _____

Prescriber Signature: _____ Lic #: _____ Date: ____/____/____

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