

Compounding Order Form (Cold Sores)

These are our most commonly prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name:	_____
DOB:	_____
Phone:	_____
Address:	_____

- Acyclovir 5% in Carmex **#10 grams**

- Acyclovir 4%/Lidocaine 4% Ointment **#10 grams**

-Apply to lesion several times daily as directed

OR- Alternate Directions:

Signature: _____	Date: _____
Printed Provider Name: _____	NPI: _____
Number of Refills: _____	