

# Compounding Topical Order Form

These are your 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:	_____

## Commonly Requested Formulas for Patients with Warts

- Salicylic Acid 20%/Fluorouracil 5%/DMSO Topical Wart Solution 10 mL  
*APPLY VERY SMALL AMOUNT DIRECTLY TO WART USING APPLICATOR ROD AT BEDTIME AND COVER*
- Salicylic Acid 30%/Oregano oil 8% in Aquaphor (Curts) Cream 10 mL  
*APPLY TO AFFECTED AREA 1-2 TIMES DAILY AND COVER*
- Fluorouracil 5%/Salicylic acid 70% paste 15 mL  
*APPLY TO AFFECTED AREA 1-2 TIMES DAILY AND COVER*

## Commonly Requested Formulas for Patients with Nail Fungus

- Itraconazole 1%/Vancomycin 1%/DMSO 30% Nail Solution 10 ml  
*APPLY TO AFFECTED NAILS 2 TIMES DAILY AND WIPE OFF EXCESS*
- Itraconazole 2%/Vancomycin 1%/DMSO 30% Nail Solution 10 ml  
*APPLY TO AFFECTED NAILS 2 TIMES DAILY AND WIPE OFF EXCESS*

Signature: _____
Printed name: _____ NPI Number: _____
Number of Refills: _____ Date: _____