

# Compounding Efudex Order Form

Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____
Address: _____ _____
Birthdate: _____
Phone number: _____

**Fluorouracil 5% in Calcipotriene 0.005% Topical Cream**

Directions: \_\_\_\_\_

Quantity: 30 grams or 60 grams

***\*\*Our price is \$49 for 30 grams or \$80 for 60 grams for large surface areas. We are not contracted with any insurance companies but do have insurance claim forms that patients can self-submit\*\* We always call patients before filling prescriptions\*\****

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