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Email: rx@yhpharmacy.com

Patient Name:		Date of I	3irth:	
Patient Name:Address:	Cit	y:	State:	Zip:
Phone: Allergies: □ NKDA (no known drug allergies)	Ema	ail:	oine / Local Anacthotic - Tro	amadal = Onioid
□ Gabapentin □ Penicillin □ Amitrip				
PODIATRY FORMULAS				
Nail Removal (Non-Surgical)				
☐ Urea 40% Occlusive Ointm	ient			
☐ Urea 40%/Bacitracin 500 U	I/Gm/Clotrimazole 2%/Ibup	rofen 2%/Dec	oxy-D-Glucose (2) 0.19	%
Nail Fungus				
☐ Itraconazole 1%/Ibuprofen	2%/DMSO Nail Solution			
☐ Itraconazole 1%/DMSO To				
☐ Ketoconazole 2%/Urea 409	•			
Itraconazole 1%/Terbinafin	•	%/Urea 10%/	Biotin 0.6%/DMSO	
Nail Suspension				
□ Doxycycline 2.5% Tobramy	cin 2.5% Mupirocin 1.726%	% Ketoconazo	ole 2.5%	
Fungal Skin Infection				
☐ Ketoconazole 2%/Miconazo	ole 2%/Clotrimazole 1% To	pical Cream		
Circulation Problems or Raynaud's	Phenomenon			
Nifedipine 4% Topical				
Pentoxifylline 5%/Nifedipine	e 2% Topical			
Pentoxifylline 3%/Nifedipine	e 3% Topical			
Pentoxifylline 5% Topical				
Nifedipine 16% Topical				
Diabetic Neuropathy Heel Spurs				
☐ Ketamine 10%/Gabapentin	6%/Clonidine 0.2%/Nifedi	oine 2% Topio	cal	
■ Nifedipine 10%//Ketamine	HCI/10%/Gabapentin 6%/L	idocaine 3%/	Prilocaine 3% Topical	
Amitriptyline HCl 2%/Baclo	fen 2%/Ketamine HCl 5%/F	Ketoprofen 10	1%	
Amitriptyline HCl 2%/Baclo	fen 2%			
Amitriptyline HCl 2%/Ketop	rofen 2%/Carbamazepine	2%		
Ketamine HCl 10%/Gabape	entin 6%/Nifedipine 2%			
Foot Cramps				
Ketoprofen 10%/Cyclobenz	zaprine HCl 2%			
Magnesium Chloride 10%/I	Peppermint 1%			
Magnesium Chloride Hexal	hydrate 10%			
ysician Name:				
ldress:				
none:				
EA:		INTI:		
				回線翻

Date

Physician's Signature