

Fullfillment Details: Physicians should fax prescriptions to number provided, or E Scribe to  
**Excel Pharmacy**  
 505 Salt Lick Rd, Saint Peters, MO 63376  
 Phone: 636-278-6561



**FAX TO: 636-278-4754**

Dr. \_\_\_\_\_

Date Written: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

MEDICATION	QTY/SIZE	DIRECTIONS	REFILLS
<b>WART PEEL CREAM \$60</b>			
<input type="checkbox"/> FLUOROURACIL 5%/ SALCYCLIC ACID 10%	30 GM	APPLY SMALL AMOUNT TO WART ONCE DAILY AT BEDTIME- AVOID / APPLY VASELINE TO SURROUNDING TISSUE. WASH OFF IN THE MORNING	
<input type="checkbox"/> FLUOROURACIL 5%/ SALCYCLIC ACID 17%	30 GM	APPLY SMALL AMOUNT TO WART ONCE DAILY AT BEDTIME- AVOID / APPLY VASELINE TO SURROUNDING TISSUE. WASH OFF IN THE MORNING	
<input type="checkbox"/> FLUOROURACIL 5%/ SALCYCLIC ACID 30%	30 GM	APPLY SMALL AMOUNT TO WART ONCE DAILY AT BEDTIME- AVOID / APPLY VASELINE TO SURROUNDING TISSUE. WASH OFF IN THE MORNING	
<b>NUMBING OINTMENT \$120</b>			
<input type="checkbox"/> BENZOCAINE 20%/ LIDOCAINE 6%/ TETRACAINE 4%/PHENYLEPHRINE 0.1%	100 GM		
<input type="checkbox"/> BENZOCAINE 20%/ LIDOCAINE 6%/TETRACAINE 4%	100 GM		
<input type="checkbox"/> LIDOCAINE 23%/TETRACAINE 7%	50 GM		
<b>MELASMA CREAM \$99 FOR 30 GM OR \$149 FOR 60 GM</b>			
<input type="checkbox"/> HYDROQUINONE 8%/TRETINOIN 0.025%/HYDROCORTISONE 1%	Circle One 30 GM / 60 GM	APPLY ONCE DAILY TO FACE BEFORE BEDTIME	
<input type="checkbox"/> HYDROQUINONE 8%/TRETINOIN 0.05%/HYDROCORTISONE 1%	30 GM / 60 GM	APPLY ONCE DAILY TO FACE BEFORE BEDTIME	
<input type="checkbox"/> HYDROQUINONE 6%/TRETINOIN 0.025%/HYDROCORTISONE 1%	30 GM / 60 GM	APPLY ONCE DAILY TO FACE BEFORE BEDTIME	
<b>HAIR LOSS FOAM \$65</b>			
<input type="checkbox"/> MINOXIDIL 5%/FINASTERIDE 0.1% FOAM \$65	60 ML	APPLY TO SCALP ONCE DAILY	
<input type="checkbox"/> MINOXIDIL 5%/FINASTERIDE/DUTASTERIDE 0.001% FOAM \$65	60 ML	APPLY TO SCALP ONCE DAILY	
<b>ONYCHOMYCOSIS: \$60</b>			
<input type="checkbox"/> 4% THYMOL IN ALCOHOL	60 ML	APPLY TO AFFECTED NAILS ONCE DAILY	
<b>MISC</b>			
<input type="checkbox"/> TRIAMCINOLONE 0.1%/MENTHOL 0.5%/CAMPHOR 0.5% CREAM \$85	1 LB JAR	APPLY TO AFFECTED AREA _____ TIMES DAILY	
<input type="checkbox"/> TRIAMCINOLONE 0.1%/SALICYLIC ACID 10% CREAM - \$85	1 LB JAR	APPLY TO AFFECTED AREA _____ TIMES DAILY	
<input type="checkbox"/> SALICYCLIC ACID 2%/UREA 20% CREAM - \$85	1 LB JAR	APPLY TO AFFECTED AREA _____ TIMES DAILY	
<input type="checkbox"/> SALICYCLIC ACID 10%/HYDROCORTISONE 2.5% CREAM - \$85	1 LB JAR	APPLY TO AFFECTED AREA _____ TIMES DAILY	

Signature: \_\_\_\_\_

\*\*DISPENSE AS WRITTEN\*\*

Signature: \_\_\_\_\_

\*\*SUBSTITUTION PERMISSABLE\*\*