

Patient Name:		DOB:
Phone:	Cell:	
Address:		
City:	State:	Zip:
Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N		

### DERMATOLOGY

#### Topical Creams

- PCCA Formula #13216**  
Benzocaine 10%/Lidocaine 5%/Tetracaine 2% Topical Cream (WO6® Anhydrous)
- PCCA Formula #12073**  
Benzocaine 10%/Lidocaine 5%/Tetracaine 2% Topical Cream (VersaBase®)
- PCCA Formula #11652**  
Benzocaine 20%/Lidocaine 10%/Tetracaine 4% Topical Cream (VersaBase®)
- PCCA Formula #11989**  
Acyclovir 5%/Lidocaine 2%/Hydrocortisone 2.5% Topical Cream (VersaBase®)

#### Other

- PCCA Formula #9445**  
Benzocaine 20%/Lidocaine 6%/Tetracaine 4% Topical Lipoderm® (FormulaPlus™ BUD Study)

#### Topical Gels

- PCCA Formula #13432**  
Betamethasone Valerate 0.008%/Mupirocin 0.15% Topical Gel (WO6® Anhydrous)
- PCCA Formula #10759**  
Hydroquinone 7%/Kojic Acid 0.05%/Tretinoin 0.05%/Hydrocortisone 0.05% Topical Gel (VersaBase®)

#### Other Preparation and Strength

Need something else? Contact one of our compounding pharmacists at 801-561-2287.

Sig:		Qty:
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Prescriber:	Phone:
Signature:	Date:
Prescriber Address:	