



2814 N University Drive
Coral Springs, FL 33065

Phone: 954 575 7085
Fax: 954 575 7083

Name: _____

DOB: _____

Address: _____

Phone: _____

RA _____% Cream Gel

Sig: Apply at bedtime to affected area.

30G \$20.95 for 0.01%; All others \$25.95

HQ _____% Cream Gel

Sig: Apply twice a day to affected area.

30G \$19.95 for 5%; 6% or 8% \$25.95

Derma-Bleach

(RA 0.05%, HQ 8%, Dexamethasone 0.01%)

Sig: Apply twice a day to affected area.

30G \$29.95

Tri-RTH

(RA 0.05%, Triamcinolone 0.05%, HQ 5%) Sig:

Apply twice a day to affected area.

45G \$35.95

BLT (Benzocaine 20%, Lidocaine 6%, Tetracaine 4%) 25G \$32.95

Sig: Apply topically to area 1 hour prior to procedure and repeat 30 minutes later (rub in well).

Fluconazole 150MG/15mL in DMSO

Sig: Apply to affected nail(s) once daily.

15mL \$24.95

Ciclopirox 8% Gel

Sig: Apply to affected nail(s) once daily and remove with alcohol. 10G \$36.95

Sign _____

Doctor's Name _____

Fax _____

Refills _____