Northwest Compounders
8505 SW Creekside Place Suite 110, Beaverton, OR 97008
www.northwestcompounders.com | info@northwestcompounders.com
P: 503-352-3811 | F: 503-624-0591

Compounded Formulas for Psoriasis/Eczema Rx Template

Patient's Name: _____ DOB: _____

Patient's Address: _____ City: _____ State _____, Zip: _____

Patient's Phone: _____ **Drug Allergies:** _____

Topical Gel/Cream Vehicle Selection

Some of the formulas below have the option of being made as a **Cream** or as an **Anhydrous Gel**. The table below describes the fundamental differences between these two options. There are price and stability considerations with either choice.

Vehicle	Description	Price	Beyond Use Dating
Cream	White, smooth shiny cream	$$	Up to 30 days
Anhydrous Gel	Off white, smooth creamy gel	$$$	Up to 180 days

Formulation Selection (choose by checking the box to the left of the formula)

- ☐ Ketotifen 0.05% Topical Cream *180 day BUD
- ☐ Ketotifen 0.05%-Naltrexone HCL 1% Topical Cream or Anhydrous Gel (circle one)
- ☐ Ketotifen 0.05%-Cyanocobalamin 0.07% Topical Cream or Anhydrous Gel (circle one)
- ☐ Zinc Pyrithione 0.2%-Clobetasol Propionate 0.05%-Cyanocobalamin 0.07% Topical Cream *180 day BUD

Quantity Selection (choose a dispense quantity by checking the corresponding box)

☐ 30gm ☐ 60gm ☐ 90gm ☐ ____gm

Directions for Use (Choose pre-worded directions below or manually enter directions for use)

- ☐ Use as directed by your dermatologist
- ☐ _____

Refills? ☐ Refill ____ time(s) ☐ No Refills

Prescriber's Name: _____ Date: _____

Prescriber's Street Address: _____ City: _____ State: _____ Zip: _____

Prescriber's Phone Number: _____ Name of person submitting order: _____

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com