Patient: _____ D.O.B: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Date: _____

Doctor: For Best Results Please Check RX & OTC Boxes

Rx ☐ **Micronized Betamethasone Dipropionate USP 64mg**
DermaZinc™ Spray/Drops, QSAD 120ml

SIG: Shake well and spray on the affected area 2 times a day until plaque clears, for a maximum of 14 days

Rx ☐ **For sensitive skin use:**
Micronized Betamethasone Dipropionate USP 77mg
DermaZinc™ Cream, QSAD 120gm

SIG: Apply to the affected area 2 times a day until plaque clears, for a maximum of 14 days

Indications: Psoriasis/Eczema/Seborrheic Dermatitis/Atopic Dermatitis

Refills: 1 2 3 4 5 6 ____Yr. PRN

OTC ☐ **Maintain clear skin use OTC DermaZinc™Spray/Drops 120ml**
Shake well and spray on the affected area 2 times a day/3 days a week

OTC ☐ **For sensitive skin use:**
Maintain clear skin use OTC DermaZinc™Cream 120gm
Apply to the affected area 2 times a day/3 days a week

Dr. Name: _____ DEA# _____

Address: _____ Phone: (___)_____

City: _____ State: _____ ZIP: _____

Dr. Signature:_____

Questions on Compounding Call 1-800-753-0047

DermaZinc™ Shampoo 8oz may also be compounded

www.dermalogix.com