DERMATOLOGY GHK-CU BASE ORDER FORM

PATIENT INFORMATION

Patient name: _____ DOB: _____

Address: _____ Phone: _____

_____

Allergies: _____ Diagnosis / indication: _____

PRESCRIBER INFORMATION

Prescriber name: _____ NPI: _____ DEA: _____

Address: _____ Phone: _____ Fax: _____

_____

SELECT	COMPLETE PRESCRIPTION	15 GM	30 GM	REFILLS
ANTI-AGING FORMULAS IN GHK-CU PEPTIDE BASE				
☐	**Tretinoin 0.1% Cream** Apply a thin layer (pea-sized amount for the whole face) to affected areas once daily at bedtime, after cleansing and thoroughly drying the skin.	☐	☐	____
☐	**Tretinoin 0.02% / Sodium Hyaluronate 0.4% / Aloe Vera 0.2% Cream** Apply a thin layer (pea-sized amount for the whole face) to affected areas once daily at bedtime, after cleansing and thoroughly drying the skin.	☐	☐	____
☐	**Estriol 0.3% Cream** Apply a thin layer to the face once daily.	☐	☐	____
☐	**Nifedipine 0.5% / Estriol 0.3% / Tretinoin 0.025% Cream** Apply a thin layer (pea-sized amount for the whole face) to affected areas once daily at bedtime, after cleansing and thoroughly drying the skin.	☐	☐	____
☐	**Progesterone 2% / DMAE 5% / Sodium Hyaluronate 0.4% Cream** Apply a thin layer to the face and neck (or affected areas) once or twice daily, typically morning and/or evening, after cleansing and drying the skin.	☐	☐	____
☐	**Estriol 0.3% / Palmitoyl Pentapeptide Cream** Apply a thin layer to the face and neck (or affected areas) once or twice daily, morning and/or evening, after cleansing and drying the skin.	☐	☐	____
☐	**Alpha Lipoic Acid 3% / Palmitoyl Pentapeptide / Vitamin E / Dexpanthenol / Vitamin A Palmitate Cream** Apply a thin layer to the face and neck (or affected areas) once or twice daily, morning and/or evening, after cleansing and drying the skin.	☐	☐	____
☐	**Estriol 0.3% / Methylene Blue 0.000064% / DMAE Cream** Apply a thin layer to the face and neck once or twice daily (AM and/or PM), after cleansing and drying the skin.	☐	☐	____
☐	**Estriol 0.3% / Tretinoin 0.025% / Methylene Blue 0.000064% / Palmitoyl Pentapeptide Cream Apply** a thin layer to the face and neck at bedtime nightly, after cleansing and drying the skin.	☐	☐	____
DERMATOLOGY FORMULAS IN GHK-CU PEPTIDE BASE				
☐	**Cyanocobalamin 0.07% / Ketotifen 0.05% Topical Cream (atopic dermatitis) Apply** a thin layer to the affected areas twice daily, morning and evening.	☐	☐	____
☐	**Ivermectin 1% / Metronidazole 0.75% Topical Cream (rosacea)** Apply a thin layer to the entire affected area of the face once daily, usually at bedtime, after gently cleansing and drying the skin.	☐	☐	____
☐	**Ketotifen 0.05% Topical Cream (anti-itching)** Apply a thin layer to the affected (itchy) area(s) two to three times daily as needed for itching.	☐	☐	____
☐	**Naltrexone HCl 0.25% Topical Cream (anti-inflammatory)** Apply a thin layer to the affected area(s) once or twice daily, massaging in gently until absorbed.	☐	☐	____
☐	**Levocarnitine 2% Topical Cream (acne)** Apply a thin layer to the affected area(s) of the face twice daily (morning and evening) after gently cleansing and drying the skin.	☐	☐	____
☐	**Spironolactone 5% / Progesterone 0.25% Topical Cream (acne)** Apply a thin layer to the affected area(s) of the face twice daily (morning and evening) after gently cleansing and drying the skin.	☐	☐	____
☐	**Tranexamic Acid 3% Topical Cream (skin-lightening)** Apply a thin layer to the affected hyperpigmented area(s) of the face twice daily (morning and evening) after gently cleansing and drying the skin.	☐	☐	____

OTHER PRESCRIPTION NOT LISTED ABOVE

☐	Medication / strength / form: _____ Directions: _____ Disp:_____	____

TOTAL NUMBER OF PRESCRIPTIONS ORDERED

PRESCRIBER AUTHORIZATION

Prescriber signature: _____ Date: _____