



James M. Anderson, Jr., D.Ph.
 Renew Compounding Pharmacy
 7105 Crossroads Blvd., Suite 105
 Brentwood, TN 37027
 Phone 615-891-7776 Fax Number 615-891-7393
 james@renewcompounding.com www.renewcompounding.com

Please Fax This Completed Form to **615-891-7393**

DERMATOLOGY

ANY OF THESE MEDICATIONS CAN BE MODIFIED TO YOUR PREFERENCE

MEDICATION	FORMS	ACTIONS/USES	QUANTITY
() Kenalog _____ mg in _____	Cream/Lotion	Topical steroid	_____ mg or ml
() Quinacrine 50mg or 100mg	Capsule	Antimalarial, SLE	QS
() Thymol 3% or 4% in alcohol	Brush-on	Nail fungus	30ml
() Itraconazole 1%/ Undecylenic acid 17%/Tea tree oil 17% in DMSO	Brush-on	Nail fungus	15ml
() Fluconazole 2%/Ibuprofen 2%/ Tea tree oil 1%	Brush-on	Nail fungus	15ml
() Triple Acid (Acetic/Lactic/Salicy)	Solution	Warts	15ml
() Cantharidin 1%/Podophyllum 5%/Salicylic acid 30%	Solution	Warts	10ml
() Zinc Oxide Shake Lotion	Lotion	Acne	240ml
() Clobetasol 50mg in Zinc pyrithione	Lotion	Psoriasis, eczema	120ml
() Coar tar (LCD) 3% +/- Triamcinolone 0.1% +/- salicylic acid 2%	Ointment	Psoriasis, eczema 1	20gm or 240gm
() Aladerm (20% urea)	Cream	Dry skin and lips	QS
() Hydroquinone 4%/Glycolic acid 5%/Kojic acid 2%	Cream	Dark spots on face	30gm
() Urea 40% +/- Clotrimazole 2%	Cream	Keratolytic/Antifungal	60gm
() Trichloroacetic Acid 20%	Solution	Keratolytic/Wart Removal	15ml
() Benzocaine 20%/Lidocaine 6%/ Tetracaine 4%	Cream	Local Anesthetic	30 or 60gm
() Lidocaine 10%/Prilocaine 10%/ Tetracaine 4%	Gel	Local Anesthetic	30 or 60gm
() Aluminim Cl 20%/Clotrimazole 2%	Roll-On	Hyperhidrosis	60ml
() Methenamine 5%	Gel/Lotion	Hyperhidrosis	60ml
() Tamoxifen Cit 0.1%/Kenalog 1%	Cream	Keloid/Hypertrophic Scars	60gm
() Any of the following in Cream, Ointment, Solution, Gel: (Please circle and indicate strength)			
Allantoin _____, Alpha-lipoic acid _____, Clindamycin _____, collagen _____, elastin _____, glycolic acid (alpha-hydroxy) _____, kojic acid _____, hydrocortisone _____, hydroquinone _____, lactic acid _____, retinoic acid (tretinoin) _____			
() Others _____			

Direction for use or OFFICE USE: _____ Refills: _____

Comments: _____

Doctor's Name _____ Doctor's Signature _____
 Doctor's Address _____ Doctor's Phone # _____
 Patient's Name _____ Patient's Phone # _____