

Order Form



Prescriber Information		
Practice Name		
Street Address		
City	State	Zip
Phone	Fax	

Patient Information		
Name		DOB
Street Address		
City	State	Zip
Phone	Email	
Allergies		Sex

Pharmacy to Dispense	Pharmacy Reference
Minoxidil 10%/Finasteride 0.1% Hair Foam 50 mL	Prescriber does not need to fill out this section. For Pharmacy Reference Only Each 50 mL bottle contains 100 actuations (pumps) One pump = 0.5 mL <div style="border: 1px solid black; padding: 5px; text-align: center;">4 Pumps per day 50 mL = 25 Days Supply</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">8 Pumps per day 50 mL = 12.5 Days Supply</div>
Please choose Sig:	
☐ Apply 2 to 4 pumps to dry scalp daily and massage in well. Wash hands and allow hair to dry before styling or lying down. Max of 8 pumps per day.	
☐ Apply 2 to 4 pumps to dry scalp twice daily and massage in well. Wash hands and allow hair to dry before styling or lying down. Max of 8 pumps per day.	
☐ Other _____	
Please choose quantity to dispense:	
☐ One 50 mL bottle ☐ Two 50 mL bottles ☐ Other: _____ 50 mL bottles	

Prescriber Section	
I certify that the above patient does not have a contraindication to minoxidil or finasteride.	
Prescriber	NPI
Prescriber Signature	Date/Time

Send the completed form to
 Lake Country Compounding & Wellness
 Fax: 762-777-7002