

Physician's Medication Order Form: Skin Lightening



LIBERTY DRUG

195 Main Street - Chatham, NJ 07928
(Phone) 877.836.0111 (Fax) 973.635.6208

www.LibertyDrug.com

LibertyDrugRx@gmail.com

PHYSICIAN NAME: _____ DEA# _____ NPI# _____

PHYSICIAN ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHYSICIAN PHONE: _____ PHYSICIAN FAX: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

Hydroquinone Cream

8%

12%

DIRECTIONS:

Tri-Luma Cream (Hydroquinone 8%, Tretinoin 0.1%, Kojic Acid 1%)

DIRECTIONS:

Hydroquinone, 8%, Tretinoin 0.025%, Kojic Acid 1%, Niacinamide 4%, Fluocinolone 0.025% Cream

DIRECTIONS:

Other:

DIRECTIONS:

PATIENT NAME: _____ GENDER: _____ DOB: _____

PATIENT ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

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