



Please Fax Compounding to: 1.800.918.4152

Patient: _____ DOB ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Allergies: _____

Dr. Roig's DermAssure Cream™

Standard

<input type="checkbox"/>
Derm - 101
Zinc Oxide
Nystatin 100,000 u/g
Polymycin
Bacitracin
Neomycin
Stomadhesive
<input type="checkbox"/> Lidocaine
45gm

*Sig: Apply 1 pump (1 pump = 1.5gms) three times a day and PRN q diaper/dressing change

Active Adults & MRSA Exposure

<input type="checkbox"/>
Derm - 102
Zinc Oxide
Mupirocin
Miconazole
Stomadhesive
Lidocaine
<input type="checkbox"/>
45gm

Refills (circle)
1 2 3 4 5
PRN NR

Sensitive Skin

<input type="checkbox"/>
Derm - 103
Zinc Oxide
Mupirocin
Miconazole
Stomadhesive
<input type="checkbox"/>
45gm

Other: Sig / Qty

ICD10 codes:

- | | |
|---|---|
| <input type="checkbox"/> L25.9 Contact Dermatitis | <input type="checkbox"/> K60.0. Anal Fissure |
| <input type="checkbox"/> L22. Diaper Dermatitis | <input type="checkbox"/> E10.620 Type 1 Diabetes: Skin complication (diabetic dermatitis) |
| <input type="checkbox"/> L55 Radiation related disorder of skin | <input type="checkbox"/> E11.620. Type 2 Diabetes c Diabetic dermatitis |
| <input type="checkbox"/> Q84.8. Aplasia Cutis Congenita | <input type="checkbox"/> L85.3. Dry skin dermatitis |
| <input type="checkbox"/> L89.9. Pressure ulcer | |

<input type="checkbox"/>
Other: ICD-10 codes

These are suggested formulas and have not been evaluated by the Food and Drug Administration. These products represent suggested formulas, no claim of efficacy or safety is intended or implied

Date: ____/____/____

Physician's Name: _____ Physician's Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ NPI#: _____ DEA#: _____

