

PhytoTress™ Prescription Form

Bill To: Patient Office

Ship To: Patient Office

Patient Name:		DOB:	
Address:		Gender:	
City, State, Zip:		Allergies:	
Contact #:			
Credit Card #:		Expiration Date:	
		CVV:	

Rx Information:

PhytoSolRx (TrichoSol™ Base) *Ranges: Latanoprost (0.005%-0.01%), Minoxidil (2%-5%), Finasteride (0.1%-0.25%)

OPTION 1: Latanoprost _____ %/Minoxidil _____ %/Finasteride _____ %

OPTION 2: Latanoprost _____ %/Minoxidil _____ %/Spironolactone 1%

Qty: 60mL x _____ Dropper Bottle Refills: _____

Sig: Apply to affected areas once or twice daily. Do not rinse out.

PhytoFoamRx (TrichoFoam™ Base) *Ranges: Latanoprost (0.005%-0.01%), Minoxidil (2%-5%), Finasteride (0.1%-0.25%)

OPTION 1: Latanoprost _____ %/Minoxidil _____ %/Finasteride _____ %

Qty: 60mL x _____ Bottle Refills: _____

Sig: Apply to affected areas by massaging into the scalp once or twice daily. Do not rinse out.

PhytoCreamRx (TrichoCream™ Base / Latanoprost 0.005%)

TrichoCream Base and Latanoprost 0.005%

Qty: 5 gm x _____ Jar w/ Brushes Refills: _____

Sig: Using brush applicator, apply to the base of eyelashes/eyebrows _____ (frequency – suggest daily)

PhytoOilRx (TrichoOil™ Base)

TrichoOil Base

Qty: 1 oz x _____ Bottle Refills: _____

Sig: Apply a dime size on the scalp and massage it for 3-5 minutes, then apply an additional dime size to the hair, distributing evenly from root to tip. Leave the product on for no more than 10 minutes. Wash the hair.

PhytoWashRx (TrichoWash™ Base)

OPTION 1: TrichoWash Base

OPTION 2: Caffeine 2% / Menthol 1% / Vit B6 0.5%

OPTION 3: Spironolactone 1%

OPTION 4: Clobetasol Propionate 0.05%

OPTION 5: Ketoconazole 2%

Qty: 8 oz x _____ Bottle Refills: _____ (236 mL)

Sig: Apply shampoo on wet hair, massage for 2 minutes and rinse with water. Daily use. Rinse and repeat

PhytoCondRx (TrichoCond™ Base)

OPTION 1: TrichoCond Base

OPTION 2: Vit A 0.3%/Vit B6 0.5%/TrichoCond Base

Qty: 8 oz x _____ Bottle Refills: _____ (236 mL)

Sig: After washing hair, apply throughout length of hair. Leave on for about 2 minutes and rinse. Daily use.

PhytoSerumRx (TrichoSerum™ Base)

TrichoSerum Base

Qty: 30 mL x _____ Pump Refills: _____

Sig: Apply to damp hair after washing or as directed.

Prescriber Name:			
Address:		Date:	
City, State, Zip:		Contact #:	
DEA#:		Fax #:	
Signature:			

By submitting this prescription, you acknowledge that you have evaluated commercially available drug product options and determined that this compounded preparation is clinically necessary for the patient identified above.