


PhytoTress™ Prescription Form

Please fax prescriptions to: 800.985.4363

Date Written: _____ Customer (Sol) ID: _____ Due Date: _____

Please complete the information below. Missing, incomplete, or illegible information will cause a delay in your order.

Patient Information			
Name:			Date of Birth:
Address:			Driver's License #:
City:	State:	Zip:	
Phone (H):	Cell / Day Phone:		
E-mail:	Drug Allergies:		

Prescriber Information			
Prescriber Name:	Prescriber Signature: 		
Practice Name:	E-mail:		
DEA License #:	State License #:		
Address:			
City:	State:	Zip:	
Phone:	Fax:		

Preparation	Ingredients	Qty	Instructions	Refills
<input type="checkbox"/> PhytoSolRx™ 60 ml dropper bottle	<p><i>*Ranges: Latanoprost (0.005%-0.01%), Minoxidil (2%-5%), Finasteride (0.1%-0.25%)</i></p> <p><input type="checkbox"/> OPTION 1: TrichoSol™ Base plus Latanoprost _____ % / Minoxidil _____ % / Finasteride _____ %</p> <p><input type="checkbox"/> OPTION 2: TrichoSol™ Base plus Latanoprost _____ % / Minoxidil _____ % / Spironolactone 1%</p>		Apply to affected areas once or twice daily.	
<input type="checkbox"/> PhytoFoamRx™ 60 ml (2.11 oz) topical foam	<p><i>*Ranges: Latanoprost (0.005%-0.01%), Minoxidil (2%-5%), Finasteride (0.1%-0.25%)</i></p> <p><input type="checkbox"/> OPTION 1: TrichoFoam™ Base plus Latanoprost _____ % / Minoxidil _____ % / Finasteride _____ %</p> <p><input type="checkbox"/> OPTION 2: TrichoFoam™ Base plus Latanoprost _____ % / Minoxidil _____ % / Spironolactone 1%</p>		Apply to affected areas by massaging into the scalp once or twice daily. Do not rinse out.	
<input type="checkbox"/> PhytoCreamRx™ 5 gm jar & brushes	<input type="checkbox"/> Latanoprost 0.005% in TrichoCream™ Base		Apply at the base of the eyelashes or eyebrows, depending on the desired effect, following the prescribed frequency.	
<input type="checkbox"/> PhytoOilRx™ 1 oz bottle	<input type="checkbox"/> TrichoOil™ Base		Apply a dime size on the scalp and massage, then apply dime size to the hair. Leave the product on for no more than 10 min. Wash the hair. For all hair types.	
<input type="checkbox"/> PhytoWashRx™ 8 oz (236 ml) bottle	<input type="checkbox"/> OPTION 1: TrichoWash™ Base <input type="checkbox"/> OPTION 2: plus Caffeine 2% / Menthol 1% / Vitamin B6 0.5% <input type="checkbox"/> OPTION 3: plus Clobetasol Propionate 0.05% <input type="checkbox"/> OPTION 4: plus Ketoconazole 2% <input type="checkbox"/> OPTION 5: plus Spironolactone 1%		Apply to wet hair, massage for 2 minutes. Rinse and repeat. Daily use.	
<input type="checkbox"/> PhytoCondRx™ 8 oz (236 ml) bottle	<input type="checkbox"/> OPTION 1: TrichoCond™ Base <input type="checkbox"/> OPTION 2: plus Vitamin A 0.3% / Vitamin B6 0.5%		Apply throughout length of clean, damp hair. Leave on for about 2 minutes and rinse. Daily use.	
<input type="checkbox"/> PhytoSerumRx™ 30 ml pump	<input type="checkbox"/> TrichoSerum™ Base		Apply in damp hair after washing hair, or in dry hair to help establish the hairstyle. For all hair types.	
<input type="checkbox"/> Other Rx Order:				

Billing & Shipping Information			
Payment Options:	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> AMEX	<input type="checkbox"/> Bill Card on File	<input type="checkbox"/> Bill Card listed below
Name on Card:			
Credit Card #:	Expiration Date:		
Shipping Location:	<input type="checkbox"/> Ship to Patient <input type="checkbox"/> Ship to Prescriber	Shipping Type:	<input type="checkbox"/> Overnight <input type="checkbox"/> 2 nd Day <input type="checkbox"/> Express Saver

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.

C3-112020