

Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone #:	Fax #:
Additional Contact #:	Patient Allergies:

PRESCRIBER'S SIGNATURE: X _____ DATE: _____

ANTIFUNGAL NAIL DELIVERY

1. ___ Diclofenac 1.5% in 45.5% DMSO #150ml - Mix Diclofenac (5ml) with other meds, apply to all nails being treated once daily **AND DISPENSE** Flucytosine 500mg Cap #30 - Mix 1 cap with Diclofenac (5ml), apply to all nails being treated once daily **AND DISPENSE** CMPD Clotrimazole 20mg Cap #30 - Mix 1 cap with Diclofenac (5ml), apply to all nails being treated once daily

a. If checked, pharmacy is authorized to dispense the below in lieu of the medications listed in #1 above if needed for any reason or if desired by patient

i. ___ Diclofenac 1.5% in 45.5% DMSO #10ml - Apply to all nails being treated once daily **AND DISPENSE** Tavaborole 5% Solution (Generic KERYDIN®) #10ml - Apply to all nails being treated once daily

___ **If checked**, also dispense Lamisil 250mg Generic Tab #84 - Take 1 tab by mouth once daily

REFILLS (REFERS TO ALL MEDICATIONS PRESCRIBED ABOVE)

___ 1 Year ___ 5 ___ 3 ___ 1 ___ Zero



Compounded Clotrimazole 20mg Capsule listed above contains Loxasperse®. To learn how Loxasperse® can be helpful in dry-powder compounded capsules please scan this QR-Code.

FDA does not review any compounded medication for safety/efficacy. CMPD refers to a compounded med. KERYDIN® is a registered trademark of Anacor Pharmaceuticals, Incorporated.

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