

	cription Fax Form	EBM			
FAX NUMBER		MEDICAL			
STEP 1	Patient Name	EBM ID			
COMPLETE	Cell Phone #	Date of Birth			
PATIENT INFO	Email	MM / DD / YYYY			
	Street Address				
	City, State, Zip	Allergies			
6	Tonical Bain Croom	Anti-Fungal Cream			
STEP 2	Topical Pain Cream Neuropathic Pain	Anti-Fungal Cream Ambiterior B 3%, Terbinafine 1%, Urea 20%, Thursd 4% in Pressure Constitution			
SELECT FORMULATION	Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%,	Thymol 4% in Recura Cream			
TORMOLATION	Lidocaine 5% in Salt Stable LS Advanced Cream SIG Apply a nickel size amount to the treatment area				
	1-3 times daily.	SIG Apply to infected area once daily			
	Qty 90 gms Refills ☐ PRN ☐ Other	Qty 30 gms Refills □ PRN □ Other			
	Anti-Inflammatory Pain	Tolcyleniuu			
	Diclofenac 3%, Baclofen 2%, Lidocaine 5% in Salt Stable LS Advanced Cream	☐ Antifungal Solution			
	SIG Apply a nickel size amount to the treatment area	Active Ingredient: Tolnaftate 1%			
	1-3 times daily.	Inactive Ingredients: Ethyl Acetate, Isopropyl Alcohol, Isopropyl Myristate, Propylene Glycol, Water.			
	Qty 90 gms Refills □ PRN □ Other	Qty 7.5 mls			
	Neuropathic / Anti-Inflammatory Pain Diclofenac 4%, Lidocaine 5%, Gabapentin 5%,	☐ Antifungal Eradication Nail/Skin Renewal Kit			
	Pentoxifylline 3%, Clonidine 0.2%, Amitriptyline 3% in	Antifungal/Nail Renewal Solution (7.5 ml)			
	Salt Stable LS Advanced Cream	Antifungal/Skin Renewal Cream (20 gm) Antifungal/Antibacterial Shoe Spray (80 ml)			
	Diclofenac 3%, Lidocaine 2%, Gabapentin 5%,	Refills □ PRN or □			
	Amitriptyline 2%, Clonidine 0.2%, Amantadine 8% in Salt Stable LS Advanced Cream	SIG Apply twice per day or Other SIG			
	SIG Apply a nickel size amount to the treatment area 1-3 times da				
	Qty 90 gms Refills ☐ PRN ☐ Other	☐ W1 Cimetidine 5%, 5-Fluorouracil 5%, Salicylic Acid 10%			
	Fibromatosis	IBU 10% in Collodion Solution			
	P5 Verapamil 15%, Diclofenac 3% in Humco Salt Stable	SIG Cover affected area twice daily			
	LS Cream	Qty 15 mls Refills ☐ PRN or ☐			
	SIG Apply a nickel size amount to the treatment area 1-3 times daily.				
	Qty 90 gms Refills □ PRN □ Other	☐ T1 Nifedipine 8%, Pentoxifylline 8% Cream			
	Scar Cream	☐ T2 Nifedipine 16% Cream (toe butter)			
	☐ S1 Lidocaine 5%, Verapamil 5%, Pentoxifylline 0.5%,	SIG Apply 1-2 gm to affected area 3-4 times daily			
	Hyaluronic Acid 0.5%, Fluticasone Propionate 0.05% in Sanare Advanced Scar Cream	Qty 90 gms Refills □ PRN or □			
	SIG Apply to target area once daily	Hyperhidrosis & Rough-Dry Feet			
	Qty 30 gms Refills □ PRN □ Other	☐ H5 Glycopyrrolate 1%, Zinc Oxide 5%, Aluminum			
	Hyperpigmented	Chloride 12% in a transdermal base SIG Apply half pump to each foot daily or as directed			
	Hydroquinone 4%, Fluocinolone 0.01%, Tretinoin 0.05%,	by your doctor			
	Kojic Acid 6%, Lipoic Acid 3% in Sanare Advanced Scar Cream	Qty 30 gms Refills □ PRN or □			
	SIG Apply to target area once daily	☐ R1 Lactic Acid 10%, Urea 40% Cream			
	Qty 30 gms Refills ☐ PRN ☐ Other	SIG Apply 1-2 gms to affected area 3-4 times daily			
		Qty 90 gms Refills □ PRN or □			
STEP 3	HCP Name NPI # DEA #	HCP Name NPI # DEA #			
COMPLETE PROVIDER		I I			
INFO					
FAX TO					
	Office Contact Name	Phone Fax			

Address City Zip _ State

SI	GN	ΙΔΤ	IIR	F

Signature or Stamp Acceptable

New Order/Prescription Fax Form



Date

FAX NUMBER	:					SE L	SIM I C A L	
STEP 1 COMPLETE PATIENT INFO	Patient Name Cell Phone # Email				Date of Birth		DD / YYYY	
	Street Address			Allergies				
STEP 2 SELECT FORMULATION	EB-N3 ^{DR} L-methylfolate Calcium 6mg, Methylcobalamin 4mg,				Arthritic Inflammation □ EB-A7 ^{DR} Turmeric Curcumin 95% 750mg, SAM-e 600mg, Hyaluronic Acid 200mg, Boswellia Extract 65% 100mg, Hydrolyzed Type II Collagen 40mg, Bioperine 5mg SIG 1 capsule TID w/ food Qty 270 capsules Refills □ PRN or □ Other □ Bone and Soft Tissue Healing □ EB-S4 Calcium Citrate 1200mg, Magnesium Bisglycinate TRAACS 500mg, 10,000 IU Cholecalciferol, Zinc Bisglycinate Chelate TRAACS 50mg SIG 3 capsules daily w/ food Qty 270 capsules Refills □ PRN or □ Other □ Nail and Skin □ EB-L1 Biotin-D 10mg, L-Methylfolate Calcium 0.5mg, Cyantine™ HNS (Keratin) 500mg, Choline Stabilized Orthosilicic Acid 10mg, Hydrolyzed Type I Collagen 50mg SIG 1 capsule PO QD Qty 90 capsules Refills □ PRN or □ Other □ Microbicidal Organic Polymer Solution (Kills Fungus (yeast), Bacteria, and Viruses) □ DuraDerm™ A microbicidal organic polymer solution that eliminates microscopic organisms, promotes healing, and prevents infection SIG Clean affected area with soap and water, then apply solution once daily with cotton swab. Allow to dry. May re-apply after any signs of peeling or loss of product on affected area. Qty 20 mls Refills □ PRN or □ Other □			
	□ 4 hr STAT (80mA-min) PATCH Ideal Location Feet-Elbows-Knees-Wrists-Shoulders ADD Adapta-cap Syringe 1-unit SIG Apply per instructions every other day for prescribed amount of time. Other SIG/QTY □ P3 Diclofenac 3%, Baclofen 2%, Lidocaine 5% in Salt Stable LS Advanced Cream SIG Apply a nickel size amount to the treatment area 1-3 times daily. USE POST-IONTO PATCH TREATMENT Qty 90 gms Refills □ PRN □ Other □							
STEP 3 COMPLETE PROVIDER INFO FAX TO	☐ Office Contact Name	NPI#		 	HCP Name		DEA #	
	Address			City	/	State	7in	

Signature or Stamp Acceptable

SIGNATURE