HAIR GROWTH THERAPY

Clinic Name					
Address					
Phone					
Prescriber		NPI/DEA			
	(if new, please include addres ient (if existing, only DOB requi				
Patient Name			DOB		
Patient Address					
Patient Phone					
Dye-free capsul	e (extra fee) Allergy:				
Ship to Clini	c Ship to Patient	Patient I	Pick-up	☐ Bill Pat	ient Bill Clinic
5 V			_		
Drug Name			Form		Strength
_		CA	APSULE		
□ MINOXIDIL □ MINOXIDIL					0.75mg 1.5mg
☐ MINOXIDIL		CA	APSULE		0.75mg
MINOXIDIL MINOXIDIL	NASTERIDE	C/	APSULE APSULE	JTION (mL)	0.75mg 1.5mg
MINOXIDIL MINOXIDIL MINOXIDIL		C/ C/	APSULE APSULE	` '	0.75mg 1.5mg 1.75mg
MINOXIDIL MINOXIDIL MINOXIDIL MINOXIDIL/FI MINOXIDIL/FI		C/ C/ TC	APSULE APSULE APSULE OPICAL SOLU	JTION (mL)	0.75mg 1.5mg 1.75mg 6-0.1%
MINOXIDIL MINOXIDIL MINOXIDIL MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/FI	NASTERIDE	C / C / T C T C	APSULE APSULE APSULE OPICAL SOLU OPICAL SOLU	JTION (mL) JTION (mL)	0.75mg 1.5mg 1.75mg 6-0.1% 8-0.25%
MINOXIDIL MINOXIDIL MINOXIDIL MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/TE	NASTERIDE NASTERIDE/LATANOPROST	C / C / T (T (T (C (C	APSULE APSULE APSULE OPICAL SOLU OPICAL SOLU	JTION (mL) JTION (mL) JTION (mL)	0.75mg 1.5mg 1.75mg 6-0.1% 8-0.25%
MINOXIDIL MINOXIDIL MINOXIDIL MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/TI MINOXIDIL/TI MINOXIDIL/TI	NASTERIDE NASTERIDE/LATANOPROST RETINOIN/FLUOCINOLONE	CA CA TO TO TO TO TO TO TO TO	APSULE APSULE APSULE DPICAL SOLU DPICAL SOLU DPICAL SOLU	JTION (mL) JTION (mL) JTION (mL) JTION (mL)	0.75mg 1.5mg 1.75mg 6-0.1% 8-0.25% 6-0.1-0.01% 5-0.01-0.01%
MINOXIDIL MINOXIDIL MINOXIDIL MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/TI MINOXIDIL/TI	NASTERIDE NASTERIDE/LATANOPROST RETINOIN/FLUOCINOLONE RETINOIN/FLUOCINOLONE/ FINAS: RETINOIN/PROGESTERONE/ FINAS	CA CA TO TO TO TO TO TO TO TERIDE TO	APSULE APSULE APSULE OPICAL SOLU OPICAL SOLU OPICAL SOLU OPICAL SOLU	JTION (mL) JTION (mL) JTION (mL) JTION (mL) JTION (mL)	0.75mg 1.5mg 1.75mg 6-0.1% 8-0.25% 6-0.1-0.01% 5-0.01-0.01%
MINOXIDIL MINOXIDIL MINOXIDIL MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/TE MINOXIDIL/TE MINOXIDIL/TE GHK-CU ACE	NASTERIDE NASTERIDE/LATANOPROST RETINOIN/FLUOCINOLONE RETINOIN/FLUOCINOLONE/ FINAS: RETINOIN/PROGESTERONE/ FINAS	CA CA TO TO TO TO TO TO TERIDE TO	APSULE APSULE APSULE DPICAL SOLU DPICAL SOLU DPICAL SOLU DPICAL SOLU DPICAL SOLU DPICAL SOLU	JTION (mL)	0.75mg 1.5mg 1.75mg 6-0.1% 8-0.25% 6-0.1-0.01% 5-0.01-0.01% 5-0.01-0.01-0.25% 5-0.0025-0.25-0.1%
MINOXIDIL MINOXIDIL MINOXIDIL MINOXIDIL/FI MINOXIDIL/FI MINOXIDIL/TI MINOXIDIL/TI MINOXIDIL/TI GHK-CU ACE	NASTERIDE NASTERIDE/LATANOPROST RETINOIN/FLUOCINOLONE RETINOIN/FLUOCINOLONE/ FINAS RETINOIN/PROGESTERONE/ FINAS TATE	CA CA CA TO TO TO TO TO TO TERIDE TO TO	APSULE AP	JTION (mL) JTION (mL) JTION (mL) JTION (mL) JTION (mL) JTION (mL) Qty:	0.75mg 1.5mg 1.75mg 6-0.1% 8-0.25% 6-0.1-0.01% 5-0.01-0.01-0.25% 5-0.0025-0.25-0.1% 5mg/mL Refills: