

# HAIR LOSS

Prescriber:			Patient:		DOB:	
Address:			Phone:		Sex:	
City:		State:	Address:		Zip:	
Phone:		Fax:	City:		State:	Zip:
DEA:		NPI:		Email:		
Allergies:						

HAIR LOSS		HAIR SCIENCE: FORMULA 82			
FORMULA	QUANTITY	DOSING	REFILLS		
<input type="checkbox"/> 15 ML BOTTLES <input type="checkbox"/> 60 ML BOTTLES <b>82M</b> MINOXIDIL/TRETINOIN/ FLUOCINOLONE 5/0.01/0.01% SOLUTION	<input type="checkbox"/> 60 ML	APPLY 20-30 DROPS TO THE SCALP:	0	1	2
<input type="checkbox"/> <b>82F</b> MINOXIDIL/TRETINOIN/FLUOCI NOLONE/FINASTERIDE 5/0.01/0.01/0.25% SOLUTION <small>*ONLY AVAILABLE IN 15 ML BOTTLES*</small>	<input type="checkbox"/> 120 ML	<input type="checkbox"/> ONCE DAILY	3	4	5
<input type="checkbox"/> <b>82D</b> MINOXIDIL/TRETINOIN/FLUOCI NOLONE/DUTASTERIDE 5/0.01/0.01/0.75% SOLUTION <small>*ONLY AVAILABLE IN 15 ML BOTTLES*</small>	<input type="checkbox"/> 180 ML	<input type="checkbox"/> TWICE DAILY  OTHER: _____	6	7	8
			9	10	11

Comments:

**PRESCRIBER:**

Signature: \_\_\_\_\_

Date: