



13110 W Dodge RD Suite B
T - 402-408-0015 - FX - 402-408-0020
www.jkohllrx.com

Compounding Pharmacy

Patient Name: _____ Allergies: _____ Date: _____
Address: _____ Phone #: _____ DOB: _____

Scar Treatments

- ____ Loratadine 2%/Hydrocortisone 2.5% in Mederma Scar Gel.
- ____ Betamethasone Sodium Phosphate 0.5% in Pracasil.
- ____ Tamoxifen Citrate 0.1% topical gel in PracaSil-Plus.
- ____ Tamoxifen Citrate 0.1% topical gel in Mederma Scar Gel. 15gm
- ____ Retinoic Acid 0.05%/Tamoxifen 0.1%/Pentoxifylline 3% topical gel in PracaSil-Plus.
- ____ Retinoic Acid 0.05%/Tamoxifen 0.1%/Pentoxifylline 3% topical gel in Mederma Scar Gel

Qty: 15gm

Sig: Apply as directed 2-3 times daily

M.D. Signature: _____ Telephone: _____

M.D. Written Name _____

Price subject to change without notice - **FAX ORDER TO 402-408-0020**