J KOHLL RX

COMPOUNDING PHARMACY

13110 W Dodge Road | Omaha, NE
402-408-0015 | Fax 402-408-0020
www.jkohllrx.com



HAIR RESTORATION

CUSTOM COMPOUNDED PRESCRIPTION OPTIONS

PATIENT INFORMATION

Patient name: _____ Date: _____

Address: _____ Phone: _____

DOB: _____ Allergies: _____

ORAL CAPSULES

SELECT FORMULA

☐	**Minoxidil 2.5 mg / Dutasteride 0.5 mg**	#90 | 1 capsule daily
☐	**Minoxidil 5 mg / Dutasteride 0.5 mg**	#90 | 1 capsule daily
☐	**Minoxidil 3 mg / Finasteride 1 mg**	#90 | 1 capsule daily
☐	**Minoxidil 5 mg / Finasteride 1 mg**	#90 | 1 capsule daily

TOPICAL SCALP SOLUTIONS

SELECT FORMULA

☐	**Minoxidil 5% / Finasteride 0.1%**	#90 mL | 1.5 mL twice daily
☐	**Clascoterone 5%**	#90 mL | 1.5 mL twice daily
☐	**Clascoterone 5% / Minoxidil 5%**	#90 mL | 1.5 mL twice daily

Additional prescribing instructions / changes:

_____

_____

REFILLS: ☐ 1 ☐ 2 ☐ 3 ☐ PRN

Prescriber name: _____ Telephone: _____

Prescriber signature: _____ Date: _____

Compounded medications are not FDA-approved. Selection and directions are subject to prescriber review.

FAX PRESCRIPTIONS TO 402-408-0020

Pricing subject to change without notice | For authorized prescriber use