

Patient: _____ D.O.B: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Date: _____

Doctor: For Best Results Please Check RX

R_x

**Micronized Betamethasone Dipropionate USP 64mg
DermaZinc™ Spray/Drops, QSAD 120ml**

SIG: Shake well and spray on the affected area 2 times a day until plaque clears, for a maximum of 14 days

R_x

**For sensitive skin use:
Micronized Betamethasone Dipropionate USP 77mg
DermaZinc™ Cream, QSAD 114g**

SIG: Apply to the affected area 2 times a day until plaque clears, for a maximum of 14 days

R_x

**For Scalp Relief:
Micronized Betamethasone Dipropionate USP 144mg
DermaZinc Shampoo, QSAD 8 oz**

SIG: Apply to the scalp once a day until plaque clears,
For a maximum of 14 days

Indications: Psoriasis/Eczema/Seborrheic Dermatitis/Atopic Dermatitis

Refills: 1 2 3 4 5 6 ___ Yr. PRN

Dr. Name: _____ DEA# _____

Address: _____ Phone: (____) _____

City: _____ State: _____ ZIP: _____

Dr. Signature: _____

Fax completed Prescription to: 1-888-244-0706

www.Skintreat.net