

**Longevity & Vitality
Compound Sheet**



112 S Oxley Dr. Lyons, Ga 30436

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PATIENT NAME: _____ DOB: _____ PHONE: _____

ADDRESS: _____

ALLERGIES: _____

BUILD YOUR OWN!

Peptide Face Cream

☐ **GHK-CU 1%**

☐ **Estriol 0.3%**

☐ **Niacinamide 3%**

☐ **Tretinoin 0.025%**

☐ **NAD 12%**

☐ **Methylene Blue 0.005%**

Qty: ☐ 15 gm ☐ 30 gm ☐ 60 gm ☐ _____ gm

SIG: Apply a thin layer to clean, dry skin of the face and neck once nightly. Avoid the eye(s)

Refills: _____

DMAE/Sodium Hyaluronate Topical Cream (Biopeptide Biocosmetic™)

Peptide Hair Foam

☐ **GHK-CU 0.5% + Finasteride 0.1% + Minoxidil 7%**

Qty: ☐ 30 gm ☐ 60 gm ☐ _____ gm

SIG: Apply 2-4 pumps topically to scalp each night at bedtime.

Refills: _____

PRESCRIBER NAME: _____ NPI: _____ DEA: _____

ADDRESS: _____

PHONE: _____ FAX: _____ SUPERVISING: _____

PRESCRIBER SIGNATURE: _____ DATE: _____