Today's Date:_____

Date **Needed**:_____

Fax Order To: _____

Please contact us for a **Sterile** Prescription Order Form.

Non-Sterile Prescription Order Form

☐ **For Veterinary Use**

IMPORTANT: Compounded formulations are not available "For Office Use".
- Compounded prescription orders must be patient-specific.
- To avoid delays in processing, you must complete the patient information section for each compounded prescription.

PATIENT INFORMATION (REQUIRED): Please fill in all fields to avoid delay in processing.

Patient Name: _____ Male / Female Date of Birth: _____

Patient Street Address (No PO Boxes): _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (W / Cell): _____ **Email:** _____

▶ **PURPOSE (Required for Testosterone):** (Anabolic Steroids) ☐ **HRT** ☐ **Menopausal Symptoms** ☐ **Hypogonadism** ☐ **Other** (Please SPECIFY below)

ALLERGIES (Required): ☐ **NKA** ☐ **SPECIFY** _____

GOV'T ISSUED ID REQUIRED TO PROCESS TESTOSTERONE ORDERS: _____
(Drivers License, State Issued ID, Passport or Military ID)

PRESCRIPTION:

Drug #1: _____ Qty:_____ Refills:_____

Directions: _____ Purpose:_____

Drug #2: _____ Qty:_____ Refills:_____

Directions: _____ Purpose:_____

Drug #3: _____ Qty:_____ Refills:_____

Directions: _____ Purpose:_____

PRACTITIONER INFORMATION: Circle Designation: MD MB DO PA NP ND DDS DVM DPM

Practitioner Name (Please Print) _____ ▶**SIGNATURE (REQUIRED)**◀

DEA # _____ License # _____

Office Address (if first time ordering) _____ City/State/Zip _____

Phone _____ Fax _____

Place Office Address Stamp Here. **(Signature Still REQUIRED.)**

(Georgia Requires Prior Patient Authorization to Ship Prescriptions to Practitioners.)

Contact / Faxed By _____

SHIPPING INFORMATION: **Shipping (Please Circle Options):** ⟶ Ship to Practitioner / Ship to Patient

BILLING INFORMATION: **Billing (Please Circle Options):** ⟶ Bill Practitioner / Bill Patient

Name on Card: _____

Billing Address: _____

☐ New Credit Card # (M/C, Visa, AMX, Discover): _____ Exp. Date **(Required)**: _____ CVV Number: _____

☐ Last 4 #'s of Credit Card **On File** (Required): _____ Exp. Date **(Required)**: _____

Please note that when using a credit card on file, it is necessary to provide us with the last 4 digits & the expiration date of that card EVERY time an order is placed

NOTE: For liability purposes, FedEx will require an adult signature upon delivery. This can be waived if a signature release form is signed and sent back to us.

COMPLETED FORMS NEED TO BE PRINTED AND FAXED TO COLLEGE PHARMACY.