AN ACCEPTED FORM OF ID IS NECESSARY TO PROCESS TESTOSTERONE ORDERS

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):** ☐ **HRT** ☐ **Menopausal Symptoms** ☐ **Hypogonadism** ☐ **Other** (Please SPECIFY below)
(Anabolic Steroids)

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

Contact / Faxed By

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

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

SHIPPING INFORMATION:

Shipping (Please Circle Options): ☐ Ship to Practitioner ☐ Ship to Patient

BILLING INFORMATION:

Billing (Please Circle Options): ☐ Bill Practitione ☐ 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.

FORM #25

Updated: 06/2019