

Today's Date: _____

Fax Order To: _____

Date Needed: _____

Sterile Prescription Order Form

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 _____ Strength _____ Vial Size _____ Quantity _____

Directions (please include dose and frequency) _____ Preserved or Pres-Free* _____ Number of Refills _____

Circle Appropriate Route of Administration(s): IV IM SQ ID (Intradermal- Antigens/Mesotherapy) Prolotherapy

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

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

DEA # _____ License # _____

Office Address _____ 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): _____ CVV Number: _____ Exp. Date (Required): _____

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.