

PRIMARY CARE RX ORDER FORM: COMPOUNDS

PATIENT NAME: _____ DOB: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ALLERGIES: _____

Please complete the above demographics or send in a face sheet.

HRT

- Progesterone 50mg 100mg 150mg 200mg
Bio-Identical SR Capsules (QTY #30)
SIG: Take 1 capsule by mouth once daily.
- Bi-Est (50:50) (80:20) 0.1mg 0.2mg 0.5mg
 1mg 2mg Troches (QTY #30)
SIG: Dissolve 1 troche sublingually or between cheek and gum once daily.
- Bi-Est (50:50) (80:20) 0.25mg/mL 0.5mg/mL
 1mg/mL 2.5mg/mL Topical Cream (QTY #30g)
SIG: Apply 1 gram topically once daily.
- Bi-Est (50:50) 1mg, Progesterone 100mg, Testosterone 1mg Troches (QTY #30)
SIG: Dissolve 1 troche sublingually or between cheek and gum once daily.

YEAST

- Boric Acid 600mg Vaginal Suppositories (QTY #30)
 SIG: Insert 1 suppository vaginally at bedtime.
 SIG: Insert 1 suppository vaginally 2-3 times weekly.

ERECTILE DYSFUNCTION

- Sildenafil 25mg 50mg 100mg, Oxytocin 125IU Troches (QTY #30)
SIG: Dissolve 1 troche sublingually 30 minutes before sexual activity.
- Tadalafil 5mg 10mg 20mg, Oxytocin 125IU Troches (QTY #30)
SIG: Dissolve 1 troche sublingually 30 minutes before sexual activity.
- Tadalafil 10mg, Apomorphine 2mg Troches (QTY #30)
SIG: Dissolve 1 troche sublingually 30 minutes before sexual activity.

TESTOSTERONE THERAPY

- Testosterone 5% 10% 15% Topical Cream (QTY #30g)
SIG: Apply 1 gram topically once daily.
- Testosterone 5%, Clomiphene Citrate 5% Topical Gel (QTY #30g)
SIG: Apply 1 gram topically once daily.
- Testosterone 5%, Anastrozole 0.05% Topical Gel (QTY #30g)
SIG: Apply 1 gram topically once daily.

GERD

- Pantoprazole 40mg/5mL Oral Suspension (QTY #150mL)
SIG: Take 5 mL by mouth once daily.
- Famotidine 40mg/5mL Oral Suspension (QTY _____ #35mL _____ #70mL)
SIG: Take _____ 2.5mL _____ 5mL by mouth twice daily.

HEMORRHOIDS

- Lidocaine 2%, Hydrocortisone 1% Suppositories (QTY #28)
SIG: Insert 1 suppository rectally twice daily for 14 days as needed.
- Pramoxine HCl 1%, Zinc Oxide 12.5%, Lidocaine 5% Gel (QTY #30g)
SIG: Apply a pea-sized amount rectally 2-4 times daily or after each bowel movement.

NAUSEA

- Promethazine _____ 12.5mg _____ 50mg Troches (QTY #30)
SIG: Place 1 troches under the tongue and allow to dissolve every 4-6 hours as needed.
- Ondansetron 4mg/5mL Oral Suspension (QTY #120mL)
SIG: Take 5-10 mL by mouth every 8 hours as needed.
- Ondansetron _____ 4 mg _____ 8mg Suppositories (QTY #30)
SIG: Insert 1 suppository rectally three times daily as needed.

DIARRHEA

- Loperamide HCl 2mg/g Rectal Gel (QTY #30g)
SIG: Insert 1 gram rectally after each loose bowel movement, maximum of 4 doses per 24 hours.

TOPICAL PAIN RELIEF

- Ketamine HCl 5%, Gabapentin 10%, Clonidine HCl 0.2%, Baclofen 2% Cream (QTY #120g)
SIG: Apply 1-2 grams to the affected area 3-4 times daily.
- Diclofenac Sodium 5%, Gabapentin 5%, Amitriptyline HCl 2% Cream (QTY #120g)
SIG: Apply 1-2 grams to the affected area 3-4 times daily.
- Baclofen 2%, Gabapentin 5%, Ketoprofen 5%, Lidocaine 5% Cream (QTY #120g)
SIG: Apply 1-2 grams to the affected area 3-4 times daily.

LDN

- Naltrexone _____ 1.5mg _____ 3mg _____ 4.5mg Capsules (QTY _____ #30 _____ #60 _____ #90)
SIG: Take 1 capsule by mouth once daily.
- Naltrexone HCl _____ 1.5mg/mL _____ 3mg/mL _____ 4.5mg/mL _____ 6mg/mL
Custom Strength _____ mg/mL Topical Cream (QTY _____ #30g _____ #60g _____ #90g)
SIG: Apply 1 gram topically once daily.
Custom SIG: _____

WEIGHT LOSS

- Phentermine 20mg, Topiramate 100mg SR Capsules (QTY _____ #30 _____ #60 _____ #90)
SIG: Take 1 capsule by mouth every morning before breakfast.
- Naltrexone 16mg, Bupropion 160mg SR Capsules (QTY _____ #30 _____ #60 _____ #90)
 SIG: Take 1 capsule by mouth every morning before breakfast.
 SIG: Take 1 capsule by mouth twice daily.

CUSTOM COMPOUND

SIG: _____

Please hand write and fax in Control Drug hard copy, or E-scribe RX. Pharmacy will pick up hard copy, or clinic may mail it in.

PRESCRIBER NAME: _____ NPI: _____ DEA: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRESCRIBER SIGNATURE: _____ REFILLS: _____

SUBSTITUTION PERMISSIBLE