

OB/GYN Compounding

Patient Information				
Patient Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:	State:	Zip:
Phone:	Email:		Language:	
Allergies:				<input type="checkbox"/> NKDA
<input type="checkbox"/> Pick up / Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Alternative: ** By providing your mobile phone number you agree to receive a text message from with instructions and steps to provide payment for your medication. This is not advertising.				
Insurance: Please fax copy of insurance card (front and back)				
Prescriber Information				
Practice Name:		Office Contact:		
Prescriber:		NPI:	DEA:	
Practice Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Clinical Information				
Diagnosis:		ICD-10:		
Compounded Prescription Information				
Compound	Dose	Directions	Quantity	Refills
<input type="checkbox"/> Morning Sickness: Ginger Apple Spice Lollipop		Dissolve 1 lollipop orally every 4-6 hours PRN nausea	<input type="checkbox"/> 30 units <input type="checkbox"/> Other:	
<input type="checkbox"/> Triple Nipple Ointment (Mupirocin/Betamethasone/Miconazole)	2%/0.1%/2%	Apply to nipple after each feeding. Do not wash off	<input type="checkbox"/> 30 g <input type="checkbox"/> Other:	
<input type="checkbox"/> Hormone-Free Vaginal Moisturizer: (Hyaluronic Acid/Poloxamer/Vitamin E Gel) <input type="checkbox"/> DHEA 6.5mg	0.05%/30%	Insert 1 gram intravaginally HS	<input type="checkbox"/> 30 g <input type="checkbox"/> Other:	
Hemorrhoids: <input type="checkbox"/> Nifedipine 0.2% <input type="checkbox"/> Ointment <input type="checkbox"/> Lidocaine 2% <input type="checkbox"/> Suppository <input type="checkbox"/> Hydrocortisone 1% <input type="checkbox"/> Rectal Rocket <input type="checkbox"/> Ketoprofen 100 mg		<input type="checkbox"/> Insert 1 suppository rectally BID <input type="checkbox"/> Apply rectally BID	<input type="checkbox"/> 30 g <input type="checkbox"/> 60 g <input type="checkbox"/> Other:	
<input type="checkbox"/> Estriol/Hyaluronic Acid in Poloxamer 30% Gel <input type="checkbox"/> DHEA 6.5mg	1 mg/0.05%	Insert 1 gram intravaginally QD	<input type="checkbox"/> 30g <input type="checkbox"/> Other:	
<input type="checkbox"/> Scream Cream (Aminophylline/Arginine/Sildenafil) <i>*if you would like to add testosterone 0.5mg, it must be written in custom box below*</i>	3%/6%/20 mg	Apply pea size amount to clitoris 30 minutes prior to sexual activity	<input type="checkbox"/> 30g <input type="checkbox"/> Other:	
<input type="checkbox"/> Biest (80% Estriol, 20% Estradiol) <input type="checkbox"/> Biest (50% Estriol, 50% Estradiol) <input type="checkbox"/> Estradiol	<input type="checkbox"/> Cream	_____ mg/mL		
	<input type="checkbox"/> Capsules <input type="checkbox"/> Troche	_____ mg		
<input type="checkbox"/> Progesterone	<input type="checkbox"/> Cream	_____ mg/mL		
	<input type="checkbox"/> Suppository <input type="checkbox"/> Capsules <input type="checkbox"/> Troche	_____ mg		
<input type="checkbox"/> Thyroid (Porcine Source) MR (Modified Release)	_____ mg			
<input type="checkbox"/> Thyroid (Synthetic Source)	Levothyroxine (T4) Liothyronine (T3)	<input type="checkbox"/> T4 _____ mcg <input type="checkbox"/> T3 _____ mcg		
<input type="checkbox"/> Greer's Goo (Hydrocortisone 1% /Nystatin 0.033mu/ per gm in Zinc Oxide Base)	1% / 0.033mu / gm	Apply 1-2g to affected area 1-2 times a day as directed.	<input type="checkbox"/> 60 g <input type="checkbox"/> 120 g	
<input type="checkbox"/> Sucralfate Powder		Apply a thin layer to affected area as directed	<input type="checkbox"/> 120g	
Custom Formula: *In addition the box can be used for (adding testosterone to any of the above formulas, Diazepam or Lorazepam Vaginal Suppositories Extra)				
<input type="checkbox"/>				
Prescriber Signature and Date (Please sign and date below)				
<hr/>				Date
Prescriber Signature				
Check here to authorize the receiving pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. "I certify that the above therapy is medically necessary, and the above information is accurate to the best of my knowledge"				

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