

Prescription Requirements

1. Use appropriate prescription template: The template shown here is attached below and available on our website, or can be sent to you directly. You may also use your personal prescription pad/template used in office.

[illegible]

2. The following MUST be included on the prescription:

Header

- a. **Patient Name** (First & Last)
- b. **Date Of Birth**
- c. **Address** (physical address preferable)
- d. **Phone Number** (we will not call patient unless something is being shipped or billed to them).
- e. **Allergies**
- f. **Diagnosis**
- g. **Prescribing location address**
- h. **Contact person** (designated person in office to call/send in prescriptions).
Contact person **CANNOT** be the same as the patient.
- i. **Prescribing provider name** (printed on the header of the prescription)
and signature at the bottom. **MUST** have a signature.
- j. **DEA # (REQUIRED** if prescribing a controlled substance, like testosterone)

Body

- a. For each medication you are wanting to order, the following **MUST** be included:
 - i. **Number of vials** (quantity)
 - ii. **Refills, if any.** Max refill number is 12
 - iii. **Directions for use:** We need to have the dose/volume, route of administration and frequency for each medication (e.g. 1ml IM/IV/SQ/IA weekly, 5ml IV every other week, etc...).
- 1. "TO BE ADMINISTERED AS DIRECTED" IS NOT ACCEPTABLE.**

Footer

- a. **Reason for compound** (the justification that allows us to legally compound your prescription)
- b. **Signature:** if anything other than testosterone, a stamp or electronic signature is permissible.
- * **Testosterone: *WET SIGNATURE ONLY, if faxed or emailed.*** This means *no stamp or electronic signature of any kind*). Electronic signature is permissible **ONLY** if sent as an E-script electronically. Printing and faxing an E-script requires a wet signature.
- c. **Delivery/Pick Up:** Please indicate the date and time you would like this to be delivered or when you would like to pick up. If the order is not urgent, You don't need to put a time and we will get it delivered in within a timely manner.

Date Written:

Patient Name:		Sex: M ☐ F ☐	
Address:		D.O.B:	
		Phone:	
		Allergies:	
Established Prescriber/Patient Relationship: ☐		Diagnosis:	
Medical Facility:			
Address:		Contact Person:	
		Phone:	
Prescribing Provider:		NPI #:	
		DEA #:	

Drug Name	Quantity	Refills	Day Supply	Dose	Route	Freq.
Amino Acids 50ml PFV						
Acetylcysteine 100mg/ml 50ml MDV						
Alpha Lipoic Acid 25mg/ml 10ml PFV						
Artemisinin 8mg/ml 30ml PFV						
Ascorbic/Taurine 500mg/20mg/ml 50ml PFV						
B Complex B1 10%/B5 5%/B3 5%/B6 5%/B2 2% 30ml MDV						
Biotin 10mg/ml 10ml MDV						
Carnitine-L 500mg/ml 10ml MDV						
Chloride Combo Forte (Ca 50mg/ml, Mg 200mg/ml, K 74.5mg/ml) 10ml MDV						
CoQ10 100mg/ml 10ml MDV						
CoQ10 (Aqueous) 10mg/ml 10ml PFV						
Curcumin 20mg/ml 10ml PFV						
Dexpanthenol 250mg/ml 30ml MDV						
DMPS 50mg/ml 5ml MDV						
DMSO 80% 10ml PFV						
EDTA Calcium 300mg/ml 10ml MDV						
EGCG 10mg/ml 10ml MDV						
Glutathione 200mg/ml 30ml MDV						
Hydrogen Peroxide 3% 10ml MDV						
Hydroxocobalamin 5mg/ml 5ml MDV						
Lysine 100mg/ml 30ml MDV						
Magnesium Sulfate 25% 50ml MDV						
Melatonin 10mg/ml PFV						
Methylene Blue 10mg/ml 10ml MDV						
M.I.Carnitine. 25/50/50mg/ml 30ml MDV						
M.I.Carnitine. + B12 25/50/50/1mg/ml 30ml MDV NAD+						
50mg/ml 5ml PFV						
NAD+ 100mg/ml 10ml MDV						
Procaine 2% 30ml MDV						
Pyridoxine HCL/Thiamine 100mg/100mg/ml 30ml MDV						
Quercetin 20mg/ml 10ml PFV						
Resveratrol 25mg/ml 10ml PFV						
Riboflavin 20mg/ml 10ml MDV						
Selenium 200mcg/ml 10ml MDV						
Sermorelin SL 300mcg/ml 30ml						
Taurine 50mg/ml 10ml MDV						
Total Cobalamins 1mg/ml 30ml MDV						
Total Cobalamins 5mg/ml 30ml MDV						
Trace Elements 10ml PFV						
Vitamin D3 100,000iu/ml 10ml MDV						
Zinc Chloride 10mg/ml 10ml MDV						

Required: Reason for compound: _____

Ship to:	☐ Dr	☐ Pt	☐ Mon	☐ Tue	☐ Wed	☐ Thurs	☐ Fri	Date: _____	☐ Ship products as soon as they become available
Bill to:	☐ Dr	☐ Pt	☐ AM	☐ PM	☐ All Day	Time: _____		☐ Wait until all products are available before shipping	

Prescriber's Signature