

Prescription Requirements Please read in its entirety before placing an order

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.

VIAL PRESCRIPTION TEMPLATE					Date Written:	
By law you may not fill this prescription at any pharmacy of your choice.						
Patient Name:		D.O.B.:		Sex: M F		
Address:		Phone:				
Established Prescriber/Patient Relationship: <input type="checkbox"/>		Allergies:				
Medical Facility:		Contact Person:				
Address:		Phone:				
Prescribing Provider:		NPI #:		DEA #:		
All drugs on this prescription are to be compounded unless the commodity product is available.						
Drug Name	Quantity Refills	Day Supply	Dose	Route	Freq.	
Acetylcysteine 100mg/ml 10ml MDV						
Acetaminophen 325mg/ml 10ml PVF						
Arginine L- 200mg/ml 10ml MDV						
Aspirin 325mg/ml 10ml MDV						
Ascorbic/Furine 500mg/5ml 50ml PVF						
B Complex 1100/85 10ml 10ml MDV						
Carbimazole 100mg/ml 10ml MDV						
Carinine L- 500mg/ml 10ml MDV						
Cetirizine 10mg/ml 10ml MDV						
Cetotriptan 10mg/ml 10ml MDV						
Clozapine 100mg/ml 10ml MDV						
Coumadin 20mg/ml 10ml MDV						
Depot-Medrol 100mg/ml 10ml MDV						
DMSPS 10mg/ml 10ml MDV						
DMSO 1000mg/ml 10ml MDV						
EDTA Calcium 300mg/ml 10ml MDV						
EDTA Magnesium 300mg/ml 10ml MDV						
Glutathione 200mg/ml 20ml MDV						
Hydrogen Peroxide 3% 10ml MDV						
Hydroxyethyl Starch 20% 10ml MDV						
Hydroxyethyl Starch 20% 10ml MDV						
Magnesium Sulfate 25% 50ml MDV						
Mg-Citravine 25/25/25mg/ml 30ml MDV						
NaCl 0.9% 1000mg/ml 10ml MDV						
NADH 50mg/ml 10ml PVF						
NAC 100mg/ml 10ml MDV						
Nitrofurantoin 500mg/ml 10ml MDV						
Pyrantelum HCl 7.7mg/100mg/ml 30ml MDV						
Quinacrine 100mg/ml 10ml MDV						
Reversed oil 20ml 10ml MDV						
Salicylic Acid 10% 10ml MDV						
Semaglutide Sublingual Oral Solution 10mcg/ml 30ml MDV						
Sodium Bicarbonate 8.4% 10ml PVF						
Sodium Chloride 0.9% 1000mg/ml 10ml PVF						
Taurine 50mg/ml 10ml MDV						
Tetrahydrocannabinol 100mg/ml 10ml MDV						
Total Cobalamin 5mg/ml 30ml MDV						
Trace Elements 10ml PVF						
Vitamin C 1000mg/ml 10ml MDV						
Zinc Chloride/bangham 10ml MDV						
Required:		Reason for compound:				
Pick up / Delivery						
Days:	Dr	Pr	Mon	Tue	Wed	Thurs
Blanks:	Dr	Pr	AM	PM	All Day	None

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.

VIAL PRESCRIPTION TEMPLATE

Date Written:

*By law you may fill this prescription at any pharmacy of your choice.

Patient Name:	Sex: M <input type="radio"/> F <input checked="" type="radio"/>
Address:	D.O.B:
Established Prescriber/Patient Relationship: <input type="checkbox"/>	Phone:
	Allergies:
	Diagnosis:
Medical Facility:	Contact Person:
Address:	Phone:
Prescribing Provider:	NPI #:
	DEA #:

*All drugs on this prescription are to be compounded unless the commercial product is available.

Drug Name	Quantity	Refills	Day Supply	Dose	Route	Freq.
Acetylcysteine 100mg/ml 50ml MDV						
Alpha Lipoic Acid 25mg/ml 10ml PFV						
Arginine-L 200mg/ml 10ml MDV						
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 (Ca 1.4 MEQ/ Mg 1.96 MEQ/ K 2 MEQ) 2ml 5ml MDV						
CoQ10 100mg/ml 10ml MDV						
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% 30ml MDV						
Hydroxocobalamin 5mg/ml 5ml MDV						
Lysine 100mg/ml 50ml MDV						
Magnesium Sulfate 25% 50ml MDV						
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						
Selenium 200mcg/ml 10ml MDV						
Semaglutide Sublingual Oral Solution 140mcg/ml 30ml MDV						
Sodium Bicarbonate 8.4% 10ml PFV						
Sodium Phenylbutyrate 200mg/ml 10ml PFV						
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: _____

Pick up / Delivery

Ship to:	<input type="radio"/>	Date: _____	<input type="radio"/>	Ship products as soon as they become available								
Bill to:	<input type="radio"/>	Time: _____	<input type="radio"/>	Wait until all products are available before shipping								
	Dr	Pt	Mon	Tue	Wed	Thurs	Fri					
	AM	PM	AM	PM	All Day							

Prescriber's Signature