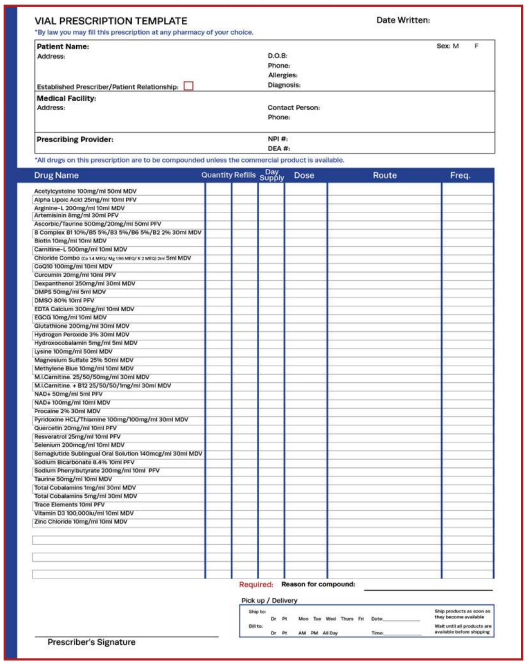
Prescription Requirements **Please read in its entirety before placing an order**

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 fill this prescription at any pharmacy of your choice.

Patient Name: Sex: M F

Address:

D.O.B:
Phone:
Allergies:
Diagnosis:

Established Prescriber/Patient Relationship: ☐

Medical Facility:

Address:

Contact Person:
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 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: Dr Pt Mon Tue Wed Thurs Fri Date

Bill to: Dr Pt AM PM All Day Time

Ship products as soon as they become available

Wait until all products are available before shipping

Prescriber's Signature

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.

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Date Written:

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

Patient Name: Sex: M ◯ F ◯

Address:

D.O.B:

Phone:

Allergies:

Diagnosis:

Established Prescriber/Patient Relationship: ☐

Medical Facility:

Address:

Contact Person:

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Prescribing Provider:

NPI #:

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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						
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Required: **Reason for compound:** _____

Pick up / Delivery

Ship to: ◯ Dr ◯ Pt ◯ Mon ◯ Tue ◯ Wed ◯ Thurs ◯ Fri Date:_____

Bill to: ◯ Dr ◯ Pt ◯ AM ◯ PM ◯ All Day Time:_____

◯ Ship products as soon as they become available

◯ Wait until all products are available before shipping

_____

Prescriber's Signature