MAGNUM COMPOUNDING LLC
490 W 84th St, Hialeah, FL 33014
Phone: (786) 622-2301
Fax: (786) 622-2319
Toll Free: (855) 403-6028
www.magnumcompounding.com

New Prescriber Verification Form

First Name | M.I. | Last Name

Prefix | Clinic Name

Primary Address

Address

Suite / Apt# | Zip Code

City | State | Country

Shipping Address (FILL ONLY IF DIFFERENT)

Address

Suite / Apt# | Zip Code

City | State | Country

Contact Information

Primary Phone | Primary Fax

Primary Email | Sales Agent

Physician Identification Numbers

NPI Number* | State License NUMBER

Return Policy

Magnum Compounding regrets that we cannot accept returns for any prescription or prescription compounded medications. State and Federal regulations prohibit the return and resale of such products. However, we are proud of the service we provide and want to make sure you are satisfied. If an error has occurred in shipping or preparation of your prescription, please contact the pharmacy. A refund, if applicable, will be issued within 3 business days after we receive back the product(s).

Processing / Shipping Policy

We do not guarantee ship times as production speed is based on the current volume of orders we have. Each compounded prescription is made individually and as such it may take longer to get your medication than when you order through a traditional retail pharmacy. The average time for you to receive your order after we receive your prescription is ***1-2 business days*** *but this may be longer during certain periods or with out of stock medications. We will try to accommodate any special requests regarding the shipment of your products, such as double ice packs, signature confirmation, or delivery only on certain days. Courier services are available at an additional cost.*

Privacy Policy

Please, visit our website for the most recent privacy policy.

By signing the form below, I acknowledge that ***I am authorized to prescribe drugs with a valid license*** *and I am in agreement with the policies described above.*

Prescriber Signature | Date