



**Magnum  
Compounding**  
*We'll make it for you*

**Magnum Compounding, LLC**  
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www.magnumcompounding.com

### New Prescriber Verification Form

First Name	<input type="text"/>	M.I.	<input type="text"/>	Last Name	<input type="text"/>
Prefix	<input type="text"/>	Clinic Name	<input type="text"/>		

Primary Address			Shipping Address (FILL ONLY IF DIFFERENT)		
Address <input type="text"/>			Address <input type="text"/>		
Suite / Apt# <input type="text"/>	Zip Code <input type="text"/>		Suite / Apt# <input type="text"/>	Zip Code <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>

Contact Information		
Primary Phone <input type="text"/>	Primary Fax <input type="text"/>	Representative <input type="text"/>
Primary Email <input type="text"/>		

Physician Identification Numbers	
NPI Number* <input type="text"/>	State License NUMBER <input type="text"/>

### 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	<input type="text"/>	Date	<input type="text"/>
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