

Patient Information

Patient: _____ DOB: ___/___/___
 Age: ___ M ___ F ___ Tel: Home _____
 Work: _____ Cell: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Email Address: _____

Patient Profile(s)/Block Schedule Attached

Please allow for 72 hours turnaround time (3 business days) before order will ship.

Incomplete orders may delay processing.

DATE TO BE ADMINISTERED _____

Medication Allergies

Shipping (check one)

FedEx Overnight FedEx 2 Day FedEx Ground

If you need a medication not listed, please contact us at **844-446-6979** (toll-free)

Compounded Formulation	Size/Volume	Instructions for Use	Qty
Injectable Medications			
<input type="checkbox"/> Tri-Moxi (Triamcinolone Acetonide and Moxifloxacin Hydrochloride)** 15/1mg/mL	1 vial	Intraocular injection to be administered only by a physician	
<input type="checkbox"/> Tri-Moxi-Vanc (Triamcinolone Acetonide, Moxifloxacin Hydrochloride and Vancomycin)** 15mg/1mg/10mg/mL	1 vial	Intraocular injection to be administered only by a physician	
<input type="checkbox"/> Epi-Lyo (Epinephrine Lyophilized PF/SF)** 1mg/mL	1mL single use vial	Injection to be administered only by a physician. 1:1 000 after reconstitution.	
<input type="checkbox"/> Lidocaine/Epinephrine in BSS (PF/SF)** 0.75/0.25%	2mL single use vial	Injection to be administered only by a physician	
<input type="checkbox"/> Moxifloxacin** 5mg/mL	1mL	Injection to be administered only by a physician	
<input type="checkbox"/> Vancomycin** 10mg/mL	1mL	Injection to be administered only by a physician	
<input type="checkbox"/> Dex-Moxi (Dexamethasone Sodium Phosphate, Moxifloxacin Hydrochloride)** 1mg/5mg/mL	1mL	Injection to be administered only by a physician	
<input type="checkbox"/> Phenylephrine/Lidocaine (PF)** 1.5/1%	1mL	Injection to be administered only by a physician	
Other			
<input type="checkbox"/>			
*Prescribers are reminded that state law allows patients to receive medications from a pharmacy of their choice **Representative formulation. Please contact us for an alternate formulation. Customizable within certain ranges.			

Prescribing Physician Verification

I have reviewed my patient's medical record and determined the medication(s) / supplies ordered are medically necessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of this prescription in the patient's medical record. The prescription is to be dispensed as written unless otherwise instructed by me.

Prescriber Full Name: _____ Phone: _____ Fax: _____

State License #: _____ DEA: _____ NPI: _____ Email: _____

Address: _____ City: _____ ST: _____ Zip: _____

Business/Clinic Name: _____ Office Contact: _____

Ship to Address (if different from above): _____ City: _____ ST: _____ Zip: _____

Email Address: _____

Prescriber Signature: _____ Date: _____

Payment Information

Invoice (NET 30) Pay by credit card on file

Credit Card Number: _____ Expiration: _____ CVC/Code: _____ Billing Zip: _____

FAX FORM TO: (949) 551-1950

Patient Information

First & Last Name	Birthdate	Address	Known Drug Allergies
			NKDA <input type="checkbox"/>
Number of Refills: N/A			
First & Last Name	Birthdate	Address	Known Drug Allergies
			NKDA <input type="checkbox"/>
Number of Refills: N/A			
First & Last Name	Birthdate	Address	Known Drug Allergies
			NKDA <input type="checkbox"/>
Number of Refills: N/A			
First & Last Name	Birthdate	Address	Known Drug Allergies
			NKDA <input type="checkbox"/>
Number of Refills: N/A			
First & Last Name	Birthdate	Address	Known Drug Allergies
			NKDA <input type="checkbox"/>
Number of Refills: N/A			
First & Last Name	Birthdate	Address	Known Drug Allergies
			NKDA <input type="checkbox"/>
Number of Refills: N/A			
First & Last Name	Birthdate	Address	Known Drug Allergies
			NKDA <input type="checkbox"/>
Number of Refills: N/A			

When shipping multiple patients' prescriptions together to a physician or clinic, please indicate *"Earliest Date to be Administered"* on order form Page 1 to determine ship date.
The pharmacy will plan for all orders to arrive by one day prior to these dates.