TWO RIVERS PHARMACY

101 Broadfoot Ave, Fayetteville, NC 28305
Phone 910-748-0243 Fax 910-748-0245
TwoRiversRx@gmail.com
Mon to Fri, 9:00am to 5:30pm

Pain Management Compounding Order Form

Fax completed form to 910-748-0245 Most compounds ready same day or next | 503A | USP 797 and USP 800

PATIENT

PATIENT NAME | DATE OF BIRTH | WEIGHT | PHONE

ADDRESS | ALLERGIES AND SENSITIVITIES

PRESCRIBER

PRESCRIBER NAME | NPI | DEA (IF SCHEDULED) | PRACTICE PHONE

PRACTICE NAME AND ADDRESS | PRACTICE FAX

COMMON REQUESTS (TICK ANY THAT APPLY, OR WRITE THE FORMULA BELOW)

- ☐ Cream
- ☐ Capsules
- ☐ Ketoprofen / baclofen / cyclobenzaprine
- ☐ Lidocaine topical
- ☐ Amitriptyline topical
- ☐ Dispense with metered pump
- ☐ Gel
- ☐ Spray
- ☐ Gabapentin topical
- ☐ Diclofenac, custom strength
- ☐ Neuropathy combination
- ☐ Dispense with dosing syringe

FORMULA

ACTIVE INGREDIENT	STRENGTH OR %	NOTES

DOSAGE FORM | BASE OR VEHICLE | QUANTITY | REFILLS

SIG (STATE THE AMOUNT PER DOSE, FOR EXAMPLE 0.5 ML TWICE DAILY)

LEAVE OUT (DYE, PRESERVATIVE, GLUTEN, LACTOSE, SUGAR, ALCOHOL, OTHER)

SIGNATURE

- ☐ Dispense as written
- ☐ Substitution permitted
- ☐ Call me before compounding

PRESCRIBER SIGNATURE _____ DATE _____

This form is a prescription when signed by a licensed prescriber. A pharmacist will verify the formula and contact you with any question before compounding.