

Pediatric and Dental 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)

Flavored oral suspension from tablet or capsule

Dye free

Sugar free

Alcohol free

Gluten free

Dental rinse or paste

Topical anesthetic preparation

Include oral 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.