CONNECT WELLNESS

Phone (208) 593-0133 ext 3
Fax (208) 485-5272
NPI 1508725623

COMPOUNDING PRESCRIPTION

PATIENT INFORMATION

Patient name _____ Date of birth _____ Phone number _____

Allergies _____ Email address _____

Patient address _____

DELIVERY ADDRESS

☐ Same as patient address ☐ Same as prescriber practice address

☐ Other: Address _____ Attn / phone _____

MEDICATION (ONE PREPARATION PER FORM)

Active ingredient(s) and strength of each

_____

_____

Dosage form / route _____

Base / vehicle (if relevant) _____

Quantity (e.g. 30 mL, 60 g, 100 caps) _____ Days supply _____

Directions

_____

_____

Diagnosis / clinical indication

_____

Ingredients to exclude (dyes, flavors, fillers, etc.)

_____

Date written _____ Refills _____ Prescriber name _____ NPI _____

Prescriber phone _____ DEA # (if controlled) _____ Bill to: ☐ Patient ☐ Practice

Practice name _____ Practice address _____

Signature _____

Controlled substances: DEA and patient address required. Schedule II — no refills; faxed Schedule II is not valid (use EPCS or other legally required original).

44 N Fisher Park Way, Eagle, ID 83616

Fax prescriptions to (208) 485-5272 or email wellness@connectrx.health