CONNECT WELLNESS

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

COMPOUNDING PRESCRIPTION

DELIVER TO PATIENT

PATIENT INFORMATION

Patient name _____ Date of birth _____ Phone number _____

Allergies _____ Email address _____

Patient address (for delivery) _____

COMPOUND (ONE FINISHED PREPARATION)

One finished preparation per form (multiple actives in that prep OK). List each active with its strength (e.g., ketamine 10% / lidocaine 5%).

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 _____

Schedule II: write quantity in numerals and spell it out (e.g., 30 / thirty).

Directions for use (SIG) — include titration if applicable

_____

_____

Diagnosis / clinical indication

_____

Flavor / dye / inactive exclusions

_____

Date written _____ Refills _____ Prescriber name _____

NPI _____

Prescriber phone _____ License state _____ License # _____

DEA # (if controlled) _____

Prescriber 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).