

Today's Date: _____
Date Needed: _____

Fax Order To: _____

Please contact us for a **Sterile** Prescription Order Form.

Non-Sterile Prescription Order Form

For Veterinary Use

IMPORTANT: Compounded formulations are not available "For Office Use".

- Compounded prescription orders must be patient-specific.
- To avoid delays in processing, you must complete the patient information section for each compounded prescription.

PATIENT INFORMATION (REQUIRED): Please fill in all fields to avoid delay in processing.

Patient Name: _____ Male / Female _____ Date of Birth: _____

Patient Street Address (No PO Boxes): _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (W / Cell): _____ **Email:** _____

► **PURPOSE (Required for Testosterone):** HRT Menopausal Symptoms Hypogonadism Other (Please SPECIFY below)
(Anabolic Steroids)

ALLERGIES (Required): NKA SPECIFY _____

→ **GOV'T ISSUED ID REQUIRED TO PROCESS TESTOSTERONE ORDERS:** _____
(Drivers License, State Issued ID, Passport or Military ID)

PRESCRIPTION:

Drug #1: _____ Qty: _____ Refills: _____

Directions: _____ Purpose: _____

Drug #2: _____ Qty: _____ Refills: _____

Directions: _____ Purpose: _____

Drug #3: _____ Qty: _____ Refills: _____

Directions: _____ Purpose: _____

PRACTITIONER INFORMATION: Circle Designation: MD MB DO PA NP ND DDS DVM DPM

Practitioner Name (Please Print) _____ ► **SIGNATURE (REQUIRED)** ◀

DEA # _____ License # _____

Office Address (if first time ordering) _____ City/State/Zip _____

Phone _____ Fax _____

Contact / Faxed By _____

Place Office Address Stamp Here.
(Signature Still REQUIRED.)

(Georgia Requires Prior Patient Authorization to Ship Prescriptions to Practitioners.)

SHIPPING INFORMATION:

Shipping (Please Circle Options): → Ship to Practitioner / Ship to Patient

BILLING INFORMATION:

Billing (Please Circle Options): → Bill Practitioner / Bill Patient

Name on Card: _____

Billing Address: _____

New Credit Card # (M/C, Visa, AMX, Discover): _____ Exp. Date **(Required):** _____

Last 4 #'s of Credit Card **On File (Required):** _____ Exp. Date **(Required):** _____

→ *****Please note that when using a credit card on file, it is necessary to provide us with the last 4 digits & the expiration date of that card EVERY time an order is placed*****

NOTE: For liability purposes, FedEx will require an adult signature upon delivery. This can be waived if a signature release form is signed and sent back to us.