**Guest Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex** M or F

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ph #**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical Conditions­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **PEPTIDE** | **STRENGTH** | **DOSAGE FORM** | **DIRECTIONS** | **QUANTITY** | **REFILLS** |
| Phys Pref Larazotide | **Circle one:**0.25mg0.5mg | Oral capsule | Take \_\_\_\_ capsule(s) bymouth \_\_\_\_ time(s) daily |  |  |
| Phys Pref Sermorelin | 0.5mg | Sublingual Tablet | Dissolve 1 tablet under the tongue at bedtime at least 90 minutes after the last meal of the day |  |  |
| Phys Pref Neuro Support(PE-22-28) | 0.2mg/spray | Nasal Spray | Use \_\_\_\_\_ spray(s) in one nostril Q A.M. (alternate nostrils) | 8 ml (contains60 sprays) |  |
| Phys Pref Neuro Support(PE-22-28) | 0.4mg | Sublingual Tablet | Dissolve \_\_\_ tablet(s) under the tongue daily on an empty stomach |  |  |
| Phys Pref Pinealon | **Circle one:**0.1mg0.2mg | Sublingual Tablet | Dissolve \_\_\_ tablet(s) under the tongue daily on an empty stomach |  |  |
| Phys Pref Thymogen | 0.1mg | Sublingual Tablet | Dissolve \_\_\_ tablet(s) under the tongue daily on an empty stomach |  |  |
| Vasoactive Intestinal Polypeptide (VIP) | 50mcg/spray | Nasal Spray | Use \_\_\_\_\_ spray(s) in one nostril \_\_\_\_\_ time(s) daily as directed (alternate nostrils) | 12 ml (contains 120 sprays) |  |
| Phys Pref GHK-Cu | **Circle one:**2.5mg5mg | Sublingual Tablet | Dissolve \_\_\_\_\_ tablet(s) under the tongue \_\_\_\_\_ time(s) daily on an empty stomach |  |  |
| Phys Pref Function(PT-141) | **Circle one:**0.5mg1mg | Sublingual Tablet | Dissolve \_\_\_\_ tablet(s) under the tongue \_\_\_\_ time(s) daily on an empty stomach |  |  |
| Oxytocin | **Circle One:**2.5 units5 units10 units20 units24 units30 units40 units100 units250 units | Sublingual Tablet | Dissolve \_\_\_\_ tablet(s) under the tongue daily or as needed |  |  |
| Oxytocin | **Circle One:**12 units/spray16 units/spray | Intranasal Spray | Use \_\_\_\_ spray(s) intranasally \_\_\_\_ time(s) daily, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(alternate nostrils) | **Circle One:**8 ml (contains60 sprays)16 ml (contains 120 sprays) |  |

**Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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