**COMPOUNDED MEDICATIONS**

**(3+ Prescriptions must be filled at once to receive a 20% concession)**

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDICATION** | **DOSAGE FORM** | **DIRECTIONS** | **QTY** | **REFILLS** |
| **Circle One:**  Mebendazole 100 mg\*  Mebendazole 200 mg\*  Mebendazole 250 mg\* | Compounded Capsule | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| \*\*Ivermectin \_\_\_ mg  (available in increments of 3mg, starting at 3mg) | Capsule | Take 1 capsule PO \_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_ then \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Amlexanox | **Circle one:**  20mg capsule  40mg capsule | Take \_\_\_\_\_ capsule PO \_\_\_\_\_\_ |  |  |
| **Circle One:**  Vitamin D 3 50,000 IU  Vitamin D 3 \_\_\_\_\_\_\_ IU/gm | Capsule  (not compounded)  Cream | Take 1 cap by mouth  every \_\_\_\_ days  Apply \_\_\_\_\_ gm(s) topically QD | \_\_\_ caps  \_\_\_ gms |  |
| Melatonin SR \_\_\_\_\_ mg | Capsule | Take \_\_\_\_ cap(s) by mouth QHS |  |  |
| Sildenafil 18mg | Sublingual Tablet | Dissolve \_\_\_\_ tab(s) SL QD |  |  |
| Low Dose Naltrexone (LDN) \_\_\_\_\_ mg | Capsule | **Initial Titration:**  Take 1 cap PO for \_\_\_\_ days, then increase by 1 cap every \_\_\_\_ days until \_\_\_\_ caps is reached |  |  |
| Low Dose Naltrexone (LDN) \_\_\_\_\_ mg | Capsule | **Maintenance:** Take 1 capsule PO QD |  |  |
| Methylene Blue \_\_\_\_\_ mg | **Circle one:**  5mg capsule  10mg capsule  15mg capsule  25mg capsule  35mg capsule  50mg capsule | Take \_\_\_ capsule(s) PO \_\_\_\_\_ daily |  |  |
| Sirolimus \_\_\_ mg | **Circle one:**  5mg capsule  7.5mg capsule  10mg capsule | Take 1 cap PO Q \_\_\_\_\_ days |  |  |
| Phys Pref Thymogen 0.1mg | Sublingual Tablet | Dissolve \_\_\_\_ tab(s) SL \_\_\_\_ daily |  |  |

\*Lactose and dye free formulation

\*\* Hypoallergenic formulation; BHA-free and corn-free

**Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

The contents of this fax message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender and then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments.