**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 capsule40mg capsule | Take \_\_\_\_\_ capsule PO \_\_\_\_\_\_ |  |  |
| **Circle One:**Vitamin D 3 50,000 IUVitamin D 3 \_\_\_\_\_\_\_ IU/gm | Capsule(not compounded)Cream | Take 1 cap by mouthevery \_\_\_\_ daysApply \_\_\_\_\_ 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 capsule10mg capsule15mg capsule25mg capsule35mg capsule50mg capsule | Take \_\_\_ capsule(s) PO \_\_\_\_\_ daily |  |  |
| Sirolimus \_\_\_ mg | **Circle one:**5mg capsule7.5mg capsule10mg 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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