

PE-Compounding Order Form

Valid only if transmitted by facsimile machine

PATIENT INFORMATION

Patient Name _____ Phone _____ DOB ____/____/____ SSN ____-____-____
Address _____ City _____ State _____ Zip _____
ICD10 CODES/DX _____ ☐ Patient will pick up at pharmacy ☐ Patient requests delivery Known Allergies _____

IBUPROFEN

☐ Suppository ☐ 100mg ☐ 200mg ☐ 400mg ☐ Lollipop ☐ 100mg
Sig: 1 QID PRN #12

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☐ Transdermal Cream 4mg/0.1mL ☐ Suspension 4mg/0.1mL ☐ Lollipop ☐ Suppository
Sig: 1 TID PRN #12

MISCELLANEOUS

Suspensions ☐ Erythromycin 250mg/5mL Oral Suspension
☐ Hydroxychloroquine Sulfate 25mg/mL Oral Suspension
☐ Lansoprazole 3mg/mL Oral Suspension
☐ Metronidazole 31.25mg/mL Oral Suspension
☐ Omeprazole 2mg/mL Oral Suspension
☐ Sildenafil 2mg/mL Oral Suspension

Sig:ml PO QD BID TID QID X DAYS

Topicals ☐ Nystatin crm 15.3gm / Nystatin powder 15.3gm / A&D ointment 3gm / Dibucaine 7.6gm / Zinc Oxide 30.7gm / Benzoin .15ml (Diaper Rash)
☐ Nystatin 0.758% / Karaya Gum 33% in (Dimethicone 1%, Zinc Oxide 10%) Topical Ointment (Diaper Rash)
☐ Cyanocobalamin 0.07% / Clobetasol Propionate 0.05% Cream (Psoriasis/Eczema)
☐ Lidocaine HCL 4% / Tetracaine 0.5% / Epinephrine 0.05% Ointment (Topical Anesthetics)
☐ Clindamycin 1% / Benzoyl Peroxide 3% Topical Gel (Acne)
☐ Tricloroacetic Acid 20% / Salicylic Acid 60% Paste (Wart)

Sig: Apply to the affected area QD BID TID QID UAD X DAYS

POST - TONSILLECTOMY

☐ Tetracaine HCL 0.5% Lollipop ☐ Ibuprofen 100mg Lollipop ☐ Prednisone 5mg Lollipop
Sig: UAD #12 Note: Anesthetics can numb the gag reflex so be cautious of choking hazards.

SPECIAL REQUESTS

Other Requested Formulations _____

QUANTITY

_____ 60gm _____ 30 Day Supply Other Quantity _____ Refills 0 1 2 3 4 5 PRN

PRESCRIBER

Physician Name _____ Phone _____

Signature _____ Date ____/____/____

Dispense as Written

May Substitute

"The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in their respective discipline. Nothing herein is intended to replace or influence the independent judgment of any licensed professional."**The information contained in the transmission accompanying this notice is confidential and protected by law. It's intended for the use of the doctor listed above. If the reader of this message is not the intended recipient. You are hereby notified that any disseminated or distribution of this communication is prohibited. If you have received this in error, please notify us.

Over



Noblesville Pharmacy

RX and Custom Compounding

FAX COMPLETED PRESCRIPTION

PATIENT INSURANCE INFORMATION (if available)

PATIENT PHONE NUMBER

TO: 317-900-7458

Noblesville Pharmacy • 758 Westfield Drive • Noblesville, IN 46062 • Ph: 317-231-5252



Patient's Hand Out

Noblesville Pharmacy
RX & Custom Compounding

758 Westfield Rd. / Noblesville, IN 46062
T: 317-231-5252 / FAX: 317-900-7458

PLEASE EXPECT a phone call from Noblesville Pharmacy (area code 317) to verify your prescription information.
Please make sure you have provided your physician the best phone number so we may contact you.