

The drugs on this prescription are compounded unless the commercial product is available. These compounded drugs are medically necessary for this patient.  
 ALL FIELDS REQUIRED. Missing information will delay your order.

Patient: \_\_\_\_\_ Rx Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F  Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_

Prescriber: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Lic#: \_\_\_\_\_  
 Email: \_\_\_\_\_

**SDV: Single Dose Vial – Intended for one time use. Discard 1 hour after 1<sup>st</sup> use or puncture.**

**MDV: Multi-dose Vial – Contains preservative. Discard 28 days after 1<sup>st</sup> use or puncture.**

Qty	Compounded Preparation	Directions (CIRCLE route of administration, fill in dose and frequency)
	Arginine HCL 100 mg/mL 10 mL SDV	Administer IV _____ mL _____ time(s) every _____.
	Biotin 10 mg/mL 10 mL SDV	Administer IV / IM _____ mL _____ time(s) every _____.
	Carnitine 500 mg/mL 30 mL MDV	Administer ID _____ mL _____ time(s) every _____.
	Cyanocobalamin 1,000 mcg/mL 5 mL SDV*	Administer IM _____ mL _____ time(s) every _____.
	Dexpanthenol 250 mg/mL 10 mL SDV	Administer IV / IM _____ mL _____ time(s) every _____.
	Dexpanthenol 250 mg/mL 30 mL MDV	Administer IV / IM _____ mL _____ time(s) every _____.
	DMPS Sodium 50mg/mL 5 mL SDV	Administer IV / IM _____ mL _____ time(s) every _____.
	Edetate Disodium (EDTA) 150 mg/mL 20 mL SDV	Administer IV _____ mL _____ time(s) every _____.
	Edetate <b>Calcium</b> Disodium <b>300 mg/mL</b> 10 mL SDV	Administer IV / IM _____ mL _____ time(s) every _____.
	Folic Acid 10 mg/mL 10 mL MDV	Administer IV / SQ / IM _____ mL _____ time(s) every _____.
	Folic Acid 10 mg/mL 10 mL SDV	Administer IV / SQ / IM _____ mL _____ time(s) every _____.
	Glycerin 72% 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	Glycine 50 mg/mL 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	Hydrochloric Acid 1:500 (2 mg/mL) 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	Hydrocortisone 0.2 mg/mL 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	Hydrogen Peroxide 3% 10 mL SDV	Administer IV _____ mL _____ time(s) every _____.
	Hydroxocobalamin 1 mg/mL 10 mL SDV*	Administer IM _____ mL _____ time(s) every _____.
	Hydroxocobalamin 5 mg/mL 10 mL SDV	Administer IM _____ mL _____ time(s) every _____.
	Hydroxocobalamin 5 mg/mL 30 mL MDV	Administer IM _____ mL _____ time(s) every _____.
	Inositol 50 mg/mL 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	L-Glutathione 200mg/mL 5 mL SDV	Administer IV _____ mL _____ time(s) every _____.
	L-Glutathione 200 mg/mL 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	L-Glutathione 200 mg/mL 30 mL SDV	Administer IV _____ mL _____ time(s) every _____.
	L-Glutathione 200 mg/mL 30 mL MDV Inhalation Dispensing Pin Valve – Use to access vial. Use one pin per vial. (#1 pin per glutathione vial to be dispensed) 3 mL Syringe – Use to measure glutathione solution. Use one syringe per vial. (#1 syringe per glutathione vial to be dispensed) Nebulizer (if requested by pt) – Use as directed.	Nebulize and inhale _____ mL _____ time(s) every _____.

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Qty	Compounded Preparation	Directions (CIRCLE route of administration, fill in dose and frequency)
	Lipoic Acid 40 mg/mL 15 mL SDV	Administer IV _____ mL _____ time(s) every _____.
	L-Tryptophan 30 mg/mL 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	Lysine HCL 100 mg/mL 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	Magnesium Chloride 200 mg/mL 30 mL SDV*	Administer IV _____ mL _____ time(s) every _____.
	Magnesium Chloride 200 mg/mL 50 mL SDV*	Administer IV _____ mL _____ time(s) every _____.
	Methionine, Inositol, Choline CL25/50/50mg/mL (MIC) 30 mL MDV	Administer IV / IM _____ mL _____ time(s) every _____.
	Methylcobalamin 5 mg/mL 1 mL SDV	Administer IM _____ mL _____ time(s) every _____.
	Methylcobalamin 5 mg/mL 10 mL SDV	Administer IM _____ mL _____ time(s) every _____.
	Methylcobalamin 5 mg/mL 10 mL MDV	Administer IM _____ mL _____ time(s) every _____.
	Methylcobalamin 5 mg/mL 30 mL MDV	Administer IM _____ mL _____ time(s) every _____.
	Niacinamide 100 mg/mL 30 mL MDV	Administer IV / IM _____ mL _____ time(s) every _____.
	Procaine HCL 20 mg/mL (2%) 10 mL SDV	Administer SQ / IM _____ mL _____ time(s) every _____.
	Procaine HCL 20 mg/mL (2%) 30 mL SDV	Administer SQ / IM _____ mL _____ time(s) every _____.
	Procaine HCL 20 mg/mL (2%) 30 mL MDV	Administer SQ / IM _____ mL _____ time(s) every _____.
	Proline 50 mg/mL 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	Pyridoxine HCL 100 mg/mL 5 mL SDV*	Administer IV / IM _____ mL _____ time(s) every _____.
	Pyridoxine HCL 100 mg/mL 10 mL SDV*	Administer IV / IM _____ mL _____ time(s) every _____.
	Riboflavin-5'-Phosphate Sodium 50 mg/mL 30 mL MDV	Administer IV / IM _____ mL _____ time(s) every _____.
	Sodium Bicarbonate 8.4% 50 mL SDV **	Administer IV _____ mL _____ time(s) every _____.
	Taurine 100 mg/mL 30 mL MDV	Administer IV _____ mL _____ time(s) every _____.
	Taurine 100 mg/mL 30 mL SDV	Administer IV _____ mL _____ time(s) every _____.
	Thiamine HCL 100 mg/mL 10 mL SDV*	Administer IV / IM _____ mL _____ time(s) every _____.
	Vitamin B Complex-100 5 mL SDV*	Administer IV / IM _____ mL _____ time(s) every _____.
	Vitamin D3 Water Miscible IM 10,000 IU/mL 30 mL MDV	Administer IM _____ mL _____ time(s) every _____.
	Zinc 10 mg/mL (as Chloride) 10 mL SDV	Administer IV _____ mL _____ time(s) every _____.

REFILL(S): \_\_\_\_\_

Bill To:  Doctor  Patient  
 Ship To:  Doctor  Patient

Payment Information CC Number: _____ Exp: _____ Code: _____ Name on card: _____ Billing Zip: _____ <input type="checkbox"/> Card on file ending in: _____
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<p><b>X</b> _____                  Prescriber's signature.  <b>Preparations ordered where there is a commercial MDV product available; I attest that there is a medical need to limit my patient's exposure to preservatives.</b></p>
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\* Available commercially as a MDV with preservative.

\*\* Compounded if commercial product on FDA drug shortage list