Prescription Order Form

FAX TO (406) 642-3224 | PHONE (406) 642-3743 | TOLL FREE (888) 976-9024
2086 US Hwy 93, Ste 110, Victor, MT 59875 | info@expresscompounding.com

CONFIDENTIAL: This form contains protected health information intended only for Express Compounding. If you received it in error, please call us and destroy it.

PRESCRIBER

Prescriber name | Practice / clinic | NPI # | State license #

Office address | Phone | Fax

Email | Office contact (for questions) | DEA # (controlled substances only)

PATIENT

Patient name | Date of birth | Sex | Weight (kg / lb)

Patient address | Phone | Email

Allergies / sensitivities (e.g., dyes, gluten, fillers) | Veterinary only: owner name | Species

☐ Human patient ☐ Veterinary patient

SHIP TO

☐ Patient (home address above) ☐ Prescriber's office ☐ Other (note below)

DOSAGE FORM

☐ Capsules ☐ Creams ☐ Ointments
☐ Gels ☐ Rapid dissolve tablets (RDT) ☐ Sublingual tablets
☐ Troches ☐ Suppositories ☐ Suspensions

Troche base: ☐ Gelatin ☐ Cocoa butter Other form:

MEDICATION(S)

Drug / active ingredient(s)	Strength	Qty / days supply	Directions for use (sig)	Refills

Special requests (flavoring, dye-free, gluten-free, allergen-free, base preferences, ship-to details, etc.)

Diagnosis / ICD-10 (optional) | Date written

☐ Please have a pharmacist call me to discuss options before filling.

PRESCRIBER SIGNATURE (required, sign after printing) DATE

This is a prescription order for an individual patient. A valid prescription from a licensed prescriber is required, and it must include everything state and federal law require. Compounded medications are prepared by a pharmacist for an individual patient and are not FDA-approved. Our pharmacists may contact your office to clarify an order. Prescriptions for controlled substances must follow federal and state requirements. Please call us if you have questions.