CLARK
PROFESSIONAL PHARMACY
Intergrative Pharmacy Since 1980

Prescription Order Form

Please Fax to: (734) 585-5184 or Call in to: (734) 369-8782

3280 Washtenaw Ave. Suite B, Ann Arbor, MI 48104

PCAB ACCREDITED Compounding Pharmacy

Patient Information:

PLEASE FAX: Patient Demographic Sheet & Prescription Insurance Card if available.

FIRST NAME:	LAST NAME:	DATE OF BIRTH:
PRIMARY PHONE #:	SECONDARY PHONE #:	DRIVER'S LICENSE (if CII, CIII or CIV):
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:

Rx Medication Order:

Pharmacist Please Compound:

Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.

☐ DMSA - Urine Challenge Test

☐ **200 mg**
SIG Take 2 capsules prior to urine collection

☐ **500 mg (1)**
SIG Take 1 capsule prior to urine collection

☐ **500 mg (3)**
SIG Take 3 capsules prior to urine collection

☐ **500 mg (4)**
SIG Take 4 capsules prior to urine collection

☐ DMSA - Heavy Metal Treatment Protocols

☐ **10mg/kg**
SIG Days 1-5: Take 3 times daily
Days 6-20: Take twice daily
(Repeat course in 2 weeks)

☐ **_____mg**
SIG _____doses/day for ____day(s).
(Repeat course every ____days).

☐ EDTA - Heavy Metal Treatment Protocols

☐ **_____mg**
SIG _____doses per day

(OPTIONAL) ADDITIONAL INSTRUCTIONS OR COMPOUNDS:

Prescriber Information:

PRESCRIBER'S SIGNATURE:

NPI# or DEA# (CTP# for CNPs only): DATE:

Contact Information: