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.

☐ Topical Testosterone 50mg/gm ☐ Alcohol base ☐ Atrevis™ base Qty _____ Refill _____ Directions: Apply 1 gram topically one daily	☐ Topical Testosterone 100mg/gm ☐ Alcohol base ☐ Atrevis™ base Qty _____ Refill _____ Directions: Apply 1 gram topically one daily	☐ Topical Testosterone ______mg/gm ☐ Alcohol base ☐ Atrevis™ base Qty _____ Refill _____ Directions: Apply 1 gram topically one daily	☐ Injectable Testosterone cypionate 100gm/ml ☐ 1ml vial ☐ 10ml vial Qty _____ Refill _____ Directions:	☐ Injectable Testosterone cypionate 200gm/ml ☐ 1ml vial ☐ 10ml vial Qty _____ Refill _____ Directions:
☐ Tadalafil 5mg 10mg 20mg (circle one) Troches Qty _____ Refill _____ Directions: Place 1 troche under tongue, until dissolved, as directed.	☐ (Generic Cialis(tm)) Tadalafil 10mg 20mg (circle one) Tablets Qty _____ Refill _____ Directions:	☐ Sildenafil 20mg 50mg 100mg (circle one) Troches Qty _____ Refill _____ Directions: Place 1 troche under tongue, until dissolved, as directed.	☐ (Generic Viagra(tm)) Sildenafil 20mg Qty _____ Refill _____ Directions:	☐

(OPTIONAL) ADDITIONAL INSTRUCTIONS OR COMPOUNDS:

Prescriber Information:

PRESCRIBER'S NAME (PRINT):

PRESCRIBER'S SIGNATURE:

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

Contact Information: