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.

	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.

NP Thryoid USP 15mg 30mg 60mg 90mg 120mg

Armour Thyroid 15mg 30mg 60mg 90mg 120mg 180mg 240mg 300mg

Sig: Take one tablet by mouth once daily on an empty stomach

Quantity:_____ Refills:_____

Compounded Porcine Thyroid (Free of Dextrose and Calcium Stearate)

15mg 30mg 45mg 60mg 75mg 90mg 120mg 150mg _____mg

Sig:Take one capsule by mouth once daily on an empty stomach

Quantity:_____ Refills:_____

Compounded Thyroid Combo ___IR ___SR Levothyroxine(T4)_____mcg Liothyronine (T3)_____mcg

Sig: Take one capsule my mouth once daily on an empty stomach

Quantity:_____ Refills:_____

(OPTIONAL) ADDITIONAL INSTRUCTIONS OR COMPOUNDS:

Prescriber Information:

PRESCRIBER'S SIGNATURE:

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

Contact Information: