

FAX (317) 449-0304

"Valid if transmitted by facsimile machine only"

PATIENT INFORMATION

PATIENT NAME:		DATE OF BIRTH:	
<input type="checkbox"/> Deliver to patient		Owners Name:	
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP:	
Allergies:			

Common Formulas, Strengths & Quantities	Strength	QTY
<input type="checkbox"/> Acetylcysteine Oral Solution (V4716)	5%	100ml
<input type="checkbox"/> Albendazole Suspension (V11809)	200mg/5ml	240ml
<input type="checkbox"/> Aluminum Hydroxide 26.7% (V5697)	267mg/ml	100ml
<input type="checkbox"/> Amitriptyline Oil Oral Susp (V9281)	20mg/ml	15ml
<input type="checkbox"/> Amitriptyline Gel (V9341)	5mg/0.1ml	3x1ml Syg
<input type="checkbox"/> Amitriptyline Gel (V9342)	10mg/0.1ml	3x1ml Syg
<input checked="" type="checkbox"/> Amlodipine Gel (V4901)	0.625mg/0.2ml	6.4ml Syg
<input type="checkbox"/> Atenolol Gel (V9343)	6.25mg/ml	90ml
<input type="checkbox"/> Benazepril Gel (V112)	25mg/ml	3x1ml Syg
<input type="checkbox"/> Benazepril Oral Susp (V6968)	5mg/ml	3x1ml Syg
<input type="checkbox"/> Bethanechol Syrup (V1694)	1mg/ml	30ml
<input type="checkbox"/> Buspirone Gel (V9344)	1.25mg/0.2ml	3 ml Syg
<input type="checkbox"/> Calcitriol Oil Oral Susp (V5606)	10nanog/0.2ml	30 ml
<input type="checkbox"/> Cimetidine Capsule (V9991)	2.5mg/0.1ml	1x3ml Syg
<input type="checkbox"/> Cimetidine Capsule (V8081)	200mg	30 Cap
<input type="checkbox"/> Cimetidine Capsule (V8082)	300mg	30 Cap
<input type="checkbox"/> Cisapride Capsule (V11557)	10mg	30 Cap
<input type="checkbox"/> Cisapride Suspension (Avian) (V5127)	1mg/ml	90 ml
<input type="checkbox"/> Cisapride Suspension (V1010)	5mg/ml	30 ml
<input type="checkbox"/> Cisapride Suspension (V5374)	10mg/ml	10ml
<input type="checkbox"/> Clindamycin HCL Gel (V10108)	30mg/0.1ml	3ml Syg
<input type="checkbox"/> Dexamethasone Gel (V4905)	0.5mg/0.1ml	3ml Syg
<input type="checkbox"/> Diethylstilbestrol(DES)Oil Susp (V4267)	20mg/ml	90ml
<input type="checkbox"/> Diethylstilbestrol (DES) Cap #3 (V1697)	1mg	20-30 Cap
<input type="checkbox"/> Diltiazem Oral Susp (V5139)	75MG/ml	30ml
<input type="checkbox"/> Doxycycline Oil Suspension (V5291)	10mg/ml	30ml
<input type="checkbox"/> Enrofloxacin Oral Susp (V8899)	200mg/ml	10ml
<input type="checkbox"/> Fluoxetine Gel (V133)	___mg/0.1ml	1x3ml Syg
<input type="checkbox"/> Furosemide Oral Susp (V8363)	10mg/ml	3ml Syg
<input type="checkbox"/> Itraconazole Oral Suspension (V9074)	150mg/ml	10ml
<input type="checkbox"/> Ketoprofen Gel (V136)	10mg/0.1ml	1ml Syg

Common Formulas, Strengths & Quantities	Strength	QTY
<input type="checkbox"/> Methimazole Oral Oil spension(V3431)	5mg/ml	10ml
<input type="checkbox"/> Methimazole Gel (V9493)	5mg/0.1ml	3x1ml Syg
<input type="checkbox"/> Metoclopramide Gel (V4911)	2mg/0.1ml	3ml Syg
<input type="checkbox"/> Metoclopramide Gel (V401)	10mg/0.1ml	3ml Syg
<input type="checkbox"/> Metronidazole Capsule (V141)	250mg	30 Cap
<input type="checkbox"/> Metronidazole Oil Oral Susp V4378)	125mg/ml	10ml
<input type="checkbox"/> Metronidazole Gel (V4912)	30mg/0.1ml	3ml Syg
<input type="checkbox"/> Phenobarbital animal treat 4.26m moid (V5141)	125mg	30 Cap
<input type="checkbox"/> Phenobarbital Oral Suspension(V5137)	200mg/ml	10ml
<input type="checkbox"/> Phenoxylbenzamine Capsule (V146)	2.5mg	30 Cap
<input type="checkbox"/> Phenylpropanolamine IR Cap #3 (V8588)	25mg	30 Cap
<input type="checkbox"/> Potassium Bromide oral Sol. (V7880)	500mg/ml	480ml
<input type="checkbox"/> Potassium Bromide Capsule (V6908)	250mg	30 Cap
<input type="checkbox"/> Potassium Bromide Capsule (V8617)	500mg	30 Cap
<input type="checkbox"/> Potassium Bromide capsule (V8620)	750mg	30 cap
<input type="checkbox"/> Prednisolone Gel (V152)	10mg/0.1ml	3ml Syg
<input type="checkbox"/> Prednisolone Capsule (V153)	5mg	30 Cap
<input type="checkbox"/> Prednisolone Acetate Susp (V11268)	5mg/ml	10ml

Directions for Selected Formula

Other Quantity: _____

Other Strength: _____

Flavor	Beef	Chicken	Fish	Liver	Tuna
Other Requested Formulations: _____					
Directions: _____					
Quantity: _____ 30 Day's Supply		Other Quantity: _____		Refills: 0 1 2 3 4 5 PRN	

PRESCRIBER

Physician Name: _____	Phone: _____
SIGNATURE: _____	DATE ___/___/___
Dispense As Written	May Substituted

"The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in their respective discipline. Nothing herein is intended to replace or influence the independent judgment of any licensed professional." **The information contained in the transmission accompanying this notice is confidential and protect by law. It's intended for the use of the doctor listed above. If the reader of this message is not the intended recipient. You are hereby notified that any disseminated or distribution of this communication is prohibited. If you have received this in error, please notify us.

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Custom Compounding

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