

PRACTITIONER COMPOUND REQUEST FORM

Practitioner Name: _____ Date: _____ Phone#: _____
 Fax: _____ Email: _____
 Practitioner Address: _____ City: _____ State: _____

HELPFUL INFORMATION FOR OUR PHARMACISTS

Thank you for allowing Compound Pharmaceutical Technologies to provide compounded medications for your patients.
Please fill out the information below to the best of your ability. This will allow for the shortest amount of time to provide you the most accurate answers needed to provide treatment for your patients.

How would you like this information provided back to you: Email_____ Fax_____ Pharmacist Call Back_____ Salesperson_____
(If you choose to email the document back to the pharmacy, please email to Mark Thompson: mthompson@cptinc.org.)

| Requested Compound with %'s | Quantity | Disease State |
|---|--|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Type of Condition | Route of Administration | Dosage Form |
| Acute: _____ Chronic: _____ PRN: _____ | Oral: _____ Topical: _____ Intranasal: _____ Sublingual: _____ Rectal: _____ Vaginal: _____ | 1. Oral _____ Solution _____ Capsule _____ Immediate Release _____ Slow Release _____ 2. Sublingual _____ Drops _____ Spray _____ Troche _____ 3. Topical _____ Ointment _____ Lotion _____ Gel _____ Cream _____ Foam _____ Solution _____ 4. Intranasal _____ Drops _____ Spray _____ 5. Rectal _____ Cream _____ Ointment _____ Suppository _____ 6. Vaginal _____ Cream _____ Ointment _____ Suppository _____ |
| Approximate # of Patients Treating | | |
| 0 - 10 per month: _____ 10 - 20 per month: _____ 20 - 30 per month: _____ Over 30 per month: _____ | | |
| Prescribing Directions | Topical Application Area | |
| _____ | Arms: _____ Neck: _____ | |
| _____ | Legs: _____ Face: _____ | |
| _____ | Chest: _____ Scalp: _____ | |
| | Back: _____ Ears: _____ | |
| | Hands: _____ Feet: _____ | |
| | Response Time Needed | |
| | STAT (Same Day): _____ 24 Hours: _____ 2-3 Business Days: _____ 5-7 Business Days: _____ | |

*****PHARMACIST USE ONLY*****