



How to Write for a Compounded Prescription

Rx Date: _____

Pt. Name _____ **Phone #'s** _____

Address _____ **DOB:** _____

Allergies: _____

Compounded Medication

(please indicate it's a compounded prescription)

Generic name of active ingredient(s) / Strength or Dose
(i.e. %, mg, gm)

Dosage Form (i.e., Transdermal, suppository, capsule, troche)

Quantity, Refills

Sig

843-293-RxRx(7979)

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