



Practitioner Compound Inquiry Form

State and Federal laws prohibit the compounding of exact duplicates of commercially available products. Please note, it is against state and federal laws to resell compounded medications from prescriber's offices for patient home use.

Check if medication is : On backorder No longer commercially available Not available at all

Practitioner Name _____ Date _____

Practice Name _____ Callback Number _____ Email _____

List the preferred drugs to be compounded:

Compound requested	Strength	Dosage form	Size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dosage Form: Cream Ointment Gel Solution Foam Capsule Troche Other _____

Is it likely you will prescribe this for more than one patient? Yes No

Use for compound:

*Request will be returned within 5 business days of receipt of submitted inquiry.

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