

NorthWest Pharmaceutical Compounding, Inc.

15407 Main St.
Suite 104
Mill Creek, WA 98012
Mill Creek Town Center

Michael S. Jones RPh, Compounding Pharmacist/Owner

michaelsjonesrph@hotmail.com

Pharmacy hours: M-F 10-6 & Saturdays 10-3

Emergencies: 24/7/365

Always Free Shipping!

Office: (425) 385-2400

Fax: (425) 385-3969

Cell: (425) 760-7462

Women's Prescription Order Form

Fax to: 425-385-3969

www.nwpcrx.com

Patient's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ DOB: _____ ICD-10 Code(s): _____

When would patient like to pick up the prescription? Date: _____ Time: _____ Mail? _____

If the patient calls us from your office, we can take their information and usually have the prescription ready by the time they arrive here, (approx. 20-30 minutes.)

<u>Drug</u>	<u>Strength</u>	<u>Bases</u>	<u>Form</u>
<input type="checkbox"/> Estriol (E3)	<input type="checkbox"/> 2.5 mg.	<input type="checkbox"/> Versabase Cream	<input type="checkbox"/> Suppository- Vaginal
<input type="checkbox"/> Estradiol (E2)	<input type="checkbox"/> 5.0 mg.	<input type="checkbox"/> Lipoderm	<input type="checkbox"/> Suppository- Rectal
<input type="checkbox"/> Estrone (E1)	<input type="checkbox"/> 25 mg.	<input type="checkbox"/> Plastibase	<input type="checkbox"/> Capsules
<input type="checkbox"/> Progesterone (P4)	<input type="checkbox"/> 30 mg. (0.5 gr.)	<input type="checkbox"/> Emollient Cream	<input type="checkbox"/> Transdermal Cream
<input type="checkbox"/> Testosterone	<input type="checkbox"/> 50 mg.	<input type="checkbox"/> Van Pen	<input type="checkbox"/> Transdermal Gel
<input type="checkbox"/> Pregnenolone	<input type="checkbox"/> 60 mg. (1 gr.)	<input type="checkbox"/> PLO	<input type="checkbox"/> Syringe
<input type="checkbox"/> DHEA	<input type="checkbox"/> 75 mg.	<input type="checkbox"/> Gel	<input type="checkbox"/> Nasal Spray
<input type="checkbox"/> T4	<input type="checkbox"/> 90 mg. (1.5 gr.)	_____ (Other)	<input type="checkbox"/> Troche
<input type="checkbox"/> T3	<input type="checkbox"/> 100 mg.		<input type="checkbox"/> Vaginal Cream
<input type="checkbox"/> T3/T4 (combo)	<input type="checkbox"/> 200 mg.		<input type="checkbox"/> Drops
_____ (Other)	<input type="checkbox"/> _____ mg/ml		_____ (Other)
	<input type="checkbox"/> _____ mg/drop		
	<input type="checkbox"/> _____ mg	Sig: _____	
<u>Ratio</u>	<input type="checkbox"/> _____ mcg	Quantity: _____	Days Supply: _____
<input type="checkbox"/> 80/20	<input type="checkbox"/> _____ mcg/_____ mcg (ratio)	Time Release? _____	Refills: _____ X
<input type="checkbox"/> 50/50			
<input type="checkbox"/> _____ Other			

Patient saves 10% on 2 months' supply
Patient saves 17-20% on 3 months' supply
Always Free Same Day Shipping!

Practitioner's Name (print): _____

Practitioner's Signature: _____

Address: _____ Phone: _____

_____ Fax: _____

NPI _____ DEA _____

Practitioners: Feel free to duplicate this prescription order form. One prescription per sheet please!

This is confidential health information. It is your duty to protect confidential correspondence and to protect an individual's health information, according to HIPAA regulations. If you have receive this information, and you are NOT the above addressee, please immediately shred the information, and please call us @ NWPC INC. 425-385-2400 so we can immediately rectify the error. Thank you!