

Patient Information			
Patient Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		City:	State: Zip:
Phone:	Email:		Language:
Allergies:			<input type="checkbox"/> NKDA
<input type="checkbox"/> Pick up / Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Alternative:			

*Insurance: Please fax copy of insurance card (front and back)*

Prescriber Information			
Practice Name:		Office Contact:	
Prescriber:		NPI:	DEA:
Practice Address:		City:	State: Zip:
Phone Number:		Fax Number:	

Clinical Information	
Diagnosis:	ICD-10:

Compounded Prescription Information				
Compound	Dose	Directions	Quantity	Refills
<input type="checkbox"/> Morning Sickness: Ginger Apple Spice Lollipop		Dissolve 1 lollipop orally every 4-6 hours PRN nausea	<input type="checkbox"/> 30 units <input type="checkbox"/> Other:	
<input type="checkbox"/> Triple Nipple Ointment (Mupirocin/Betamethasone/Miconazole)	2%/0.1%/2%	Apply to nipple after each feeding. Do not wash off	<input type="checkbox"/> 30 g <input type="checkbox"/> Other:	
<input type="checkbox"/> Hormone-Free Vaginal Moisturizer: (Hyaluronic Acid/Poloxamer/Vitamin E Gel)	0.05%/30%	Insert 1 gram intravaginally HS	<input type="checkbox"/> 30 g <input type="checkbox"/> Other:	
Hemorrhoids: <input type="checkbox"/> Nifedipine 0.2% <input type="checkbox"/> Ointment <input type="checkbox"/> Lidocaine 2% <input type="checkbox"/> Suppository <input type="checkbox"/> Hydrocortisone 1% <input type="checkbox"/> Rectal Rocket <input type="checkbox"/> Ketoprofen 100 mg		<input type="checkbox"/> Insert 1 suppository rectally BID <input type="checkbox"/> Apply rectally BID	<input type="checkbox"/> 30 g <input type="checkbox"/> 60 g <input type="checkbox"/> Other:	
<input type="checkbox"/> Estriol/Hyaluronic Acid in Poloxamer 30% Gel	1 mg/0.05%	Insert 1 gram intravaginally QD	<input type="checkbox"/> 30g <input type="checkbox"/> Other:	
<input type="checkbox"/> Scream Cream (Aminophylline/Arginine/Sildenafil) <i>*if you would like to add testosterone 0.5mg, it must be written in custom box below*</i>	3%/6%/20 mg	Apply pea size amount to clitoris 30 minutes prior to sexual activity	<input type="checkbox"/> 30g <input type="checkbox"/> Other:	
<input type="checkbox"/> Biest (80% Estriol, 20% Estradiol) <input type="checkbox"/> Biest (50% Estriol, 50% Estradiol) <input type="checkbox"/> Estradiol	<input type="checkbox"/> Cream	_____ mg/mL		
	<input type="checkbox"/> Capsules	_____ mg		
	<input type="checkbox"/> Troche			
<input type="checkbox"/> Progesterone	<input type="checkbox"/> Cream	_____ mg/mL		
	<input type="checkbox"/> Suppository	_____ mg		
	<input type="checkbox"/> Capsules	_____ mg		
<input type="checkbox"/> Thyroid (Porcine Source) MR (Modified Release)		_____ mg		
<input type="checkbox"/> Thyroid (Synthetic Source)	Levothyroxine (T4)	<input type="checkbox"/> T4 _____ mcg		
	Liothyronine (T3)	<input type="checkbox"/> T3 _____ mcg		

Custom Formula: *In addition the box can be used for (adding testosterone to any of the above formulas, Diazepam or Lorazepam Vaginal Suppositories Extra)				
<input type="checkbox"/>				

Prescriber Signature and Date (Please sign and date below)	
<b>Prescriber Signature</b> "If authorized by the payer, I authorize Curexa™ and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. I certify that the above therapy is medically necessary and the above information is accurate to the best of my knowledge"	<b>Date</b>