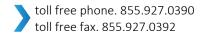


## Oncology Compounding toll free phone. 855.927.0390 toll free fax. 855.927.0392



Patient Information											
Patient Name:					Date of B	irth:	□ Male □	☐ Male ☐ Female			
Address:						City:		State:	Zip:		
Phone:				Email:				Language:			
Allergies:								□ NKDA			
□ Pick Up / Ship to: □ Patient □ Office □ Alternative Address:											
Insurance: Please fax copy of insurance card (front and back)											
Prescriber Information											
Practice Name:					Office Co			ntact:			
Prescriber:					NPI:		NPI:	DEA:			
Practice Address:						City:	ty: State: Zip:				
Phone Number:					Fax Number:						
Clinical Information											
Diagnosis:						ICD-10:					
Compounded Prescript		on									
Compound	Strength	Directions	QTY	Refills		mpound	Strength	Directions	QTY	Refills	
Nausea and Vomiting Topica		Apply 0.1 mt topically	□ 5 mL		Dry	Mouth			<u> </u>		
☐ Ondansetron	☐ 4 mg/0.1 mL ☐ 8 mg/0.1 mL	Apply 0.1 mL topically to inner forearm q4h prn nv	□ Other:		□P	Pilocarpine	5 mg: □ Lollipop	Use sublingually or buccally PO 3-	<b>□</b> #30		
☐ Promethazine	25 mg/mL	Apply 1 mL topically to inner forearm up to qid prn nv	□ 30 mL □ Other:		·		☐ Troche	4 times daily prn nv	□ Other:		
☐ ABHR Topical Gel: Lorazepam, Diphenhydramine, Haloperidol, Metoclopramide	1 mg, 12.5 mg, 2 mg, 20 mg/mL	Apply 1 mL topically q4-6h prn	☐ 30 mL ☐ Other:		□P	Pilocarpine Oral Spray	10 mg/mL	Use 1-2 sprays PO 3-4 times daily prn nv	☐ 30 mL bottle ☐ Other:		
Nausea and Vomiting Suppositories					Мо	Mouth Pain/Oral Sores					
☐ ABHR Suppositories: Lorazepam, Diphenhydramine, Haloperidol, Metoclopramide	1 mg, 12.5 mg, 2 mg, 20 mg	Insert 1 suppository pr q4-6h prn nv	□ #30 □ Other:		☐ Oral Rinse: Misoprostol, Diphenhydramine, Lidocaine		0.0024%, 0.1%, 2%	Swish and spit	☐ 480 mL bottle ☐ Other:		
☐ Ondansetron	□ 4 mg □ 8 mg	Insert 1 suppository pr q6-8h prn nv	□ #30 □ Other:			Oral Rinse: Misoprostol, ocaine	0.0024%, 1%	15 mL PO q4- 6h prn	☐ 480 mL bottle ☐ Other:		
Nausea and Vomiting Sublingual/Buccal					Ketamine 50 mg Lollipop: This item must be written out by the physician below.  Example: Ketamine 50 mg lollipop (#30): Use one lollipop sublingually or buccally q4-6h prn mouth pain						
						Ooc's Chemotherapy	iipop (#30): Use c	one lollipop sublingually	or buccally q4-en prn m	butn pain	
☐ Ondansetron Ginger Apple Lollipop	☐ 4 mg ☐ 8 mg	Use 1 lollipop sublingually or buccally q4h prn nv	□ #30 □ Other:		Dipl Myla A	uthwash: Lidocaine HCl, nenhydramine HCl, anta, Nystatin dd Tetracycline and	0.5%, 0.06%, 25%, 25,000 U/mL	Rinse mouth with 15 mL of mouthwash 4 times daily prn	□ 12 oz. □ Other:		
Other Topicals					Hydi	rocortisone					
□ Radiation Burns/Related Pain Diclofenac 4% / Lidocaine 2% / Pain Diclofenac 4% / Phenytoin 2% / Aloe Vera 0.2% Lidocaine 5% Amitriptyline 2% Directions: Apply 1 pump (1 pump = 1.5mL) topically to the affected area 3-4 times a day.  QTY: □ 150ml pump □ Other:  □ EGFR Rash □ Pain 6.  Reloxicam 0.1  Hydrocortisone 1% Topiramate 1  Tramadol 0.25% / 2% / Prilocain  2% / Prilocain						☐ <u>Pain</u> Meloxicam (  Topiramate 1%,  iine 0.25% / Pentoxifi,  Lidocaine 2% / Pi	0.18% / / Tramadol ylline 7.5% /	☐ Radiation Burn Cream "For Pain"  Ketoprofen 5% / Lidocaine 2% / Hyaluronic Acid 0.5% / Urea 10% in PracaSil  Directions: Apply 1 pump (1 pump = 1mL) topically to the affected area 3-4 times per day.  QTY: ☐ 30 g ☐ 60 g ☐ 90 g			
DEA CONTROL DRUG REQUIREMENTS: DEA regulations require a pharmacy to receive a new valid signed prescription or verbal prescription. DEA has further said that "A PHARMACY MAY NOT PROVIDE A PARTIALLY OR FULLY PRE-POPULATED FORM FOR THE PRESCRIBING PRACTITIONER." Therefore, any formula with KETAMINE or TESTOSTERONE, MUST WRITE OUT THE COMPLETE FORMULA in order to comply with the DEA. Thank you.											
Sig:					QTY: Refills:						
□ Custom:											
Prescriber Signature ar	nd Date (Pleas	e sign and date be	low)								
Prescriber Signature  "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"

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