



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 Address:			

**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
<b>Spasms</b>				
<input type="checkbox"/> Baclofen/Lidocaine Vaginal Suppositories <i>*if you would like to use Lorazepam 2 mg, it must be written in the custom box below*</i>	4 mg/2%	Insert 1 suppository intravaginally QD HS	<input type="checkbox"/> 30 Suppositories <input type="checkbox"/> Other:	
<b>Painful Urination/Thinning of Vaginal Tissue</b>				
<input type="checkbox"/> Estriol Cream	5mg/g	Insert 1g intravaginally QD HS as directed	<input type="checkbox"/> 30 g <input type="checkbox"/> Other:	
<input type="checkbox"/> Estradiol/Lidocaine/Aloe	0.01%/2%	Insert 1g intravaginally QD HS as directed	<input type="checkbox"/> 30 g <input type="checkbox"/> Other:	
<input type="checkbox"/> Estradiol in HRT Base <i>*if you would like to use testosterone 0.025%, it must be written in custom box below*</i>	0.01%	Insert 1g intravaginally QD HS as directed	<input type="checkbox"/> 30 g <input type="checkbox"/> Other:	
<b>Vulvodynia</b>				
<input type="checkbox"/> BLT (Benzocaine / Lidocaine / Tetracaine)	10% / 5% /2%	Apply 1 pump (1ml) topically 1-2 times a day as directed.	<input type="checkbox"/> 60 g <input type="checkbox"/> Other: (1 pump = 1ml)	
<input type="checkbox"/> Amitriptyline/Baclofen in Lipoderm Base	2%/2%	Apply 1 pump (1ml) topically 1-2 times a day as directed.	<input type="checkbox"/> 60 g <input type="checkbox"/> Other: (1 pump = 1 ml)	
<input type="checkbox"/> Ketoprofen/Gabapentin/Lidocaine in HRT Base	10%/6%/5%	Apply 1 pump (1ml) topically 1-2 times a day as directed.	<input type="checkbox"/> 60 g <input type="checkbox"/> Other (1 pump = 1 ml)	
<input type="checkbox"/> Atropine/Estradiol in HRT Base <i>*if you would like to add testosterone, it must be written in custom box below*</i>	0.2%/0.05%	Insert 1 gram intravaginally 1-2 times a day as directed.	<input type="checkbox"/> 60 g <input type="checkbox"/> Other:	
<input type="checkbox"/> Scream Cream (Aminophylline/Arginine/Sildenafil) <i>*if you would like to add testosterone 0.5 mg, it must be written in custom box below*</i>	3%/6%/20mg	Apply a pea size amount to clitoris 30 minutes prior to sexual activity	<input type="checkbox"/> 30 g <input type="checkbox"/> Other:	
<input type="checkbox"/> Lidocaine in	<input type="checkbox"/> 5% <input type="checkbox"/> 7.5%	Apply 1 pump (1ml) to affected areas 1-2 times a day as directed	<input type="checkbox"/> 60 g <input type="checkbox"/> Other:	
<input type="checkbox"/> Acid Mantle <input type="checkbox"/> Petrolatum <input type="checkbox"/> Aloe				
<b>Custom Formula: (Examples: Diazepam Suppositories 5, 10, 20mg / Testosterone cream 0.5mg, 1.0mg, 1.5mg, 2mg add to a current formula or a lone)</b>				
<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>

Important Notice: This form and its contents may contain private and confidential information that is intended for the individual or entity to which it is addressed. This transmission may contain information that is exempt from disclosure under laws including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). Unless explicitly stated, you are strictly prohibited from disseminating, copying or distributing any material contained within. Violators will be prosecuted to the fullest extent of the law. If you received this communication in error, please notify us immediately and destroy this form and its contents. The information contained herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in the respected disciplines. Nothing herein is intended to replace or influence the independent judgement of any licensed professional.