

 **APOTHECARY OPTIONS**
Thyroid Prescription Order Form

Patient Name: _____ Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Allergies: _____

Thyroid Replacement Order Form
Slow Release Capsules (minimum qty = 100 capsules)
Vegetable (no animal gelatin) Capsules – Lactose-Free

Natural Thyroid USP T4/T3 (mix)

Slow Release Capsules _____ **mg**

(Porcine thyroid, USP – contains T4 38 mcg and T3 9.5 mcg per grain)
Compare to the active ingredient in Armour Thyroid USP or Nature-Throid®

T3 Slow Release Capsules _____ **mcg**

(Bio-identical liothyronine sodium, USP)

T4 Slow Release Capsules _____ **mcg**

(Bio-identical levothyroxine sodium, USP)

Custom Blended T4/T3 Slow Release Capsules (minimum qty = 100 caps)

○ **T4 component** _____ **mcg**

○ **T3 component** _____ **mcg**

Sig: _____ **Qty = 100 Refills** _____

Take with a full glass of water for maximum slow-release effects

Prescriber Signature: _____

Prescriber Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

State License: _____ **DEA:** _____

Phone: (_____) _____ **Fax:** (_____) _____