

# Prescription Request/Consult Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: California Only Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

**(Max concentration of all ingredients combined is 20%)**

Acyclovir \_\_\_\_\_% (max 5%)

Baclofen \_\_\_\_\_% (max 2%)

Clonidine \_\_\_\_\_% (max 0.2%)

Diclofenac \_\_\_\_\_% (max 3%)

Glucosamine \_\_\_\_\_% (max 10%)

Ibuprofen \_\_\_\_\_% (max 5%)

Ketoprofen \_\_\_\_\_% (max 10-15%)

Meloxicam \_\_\_\_\_% (max 0.3-1%)

Orphenadrine \_\_\_\_\_% (max 5%)

Piroxicam \_\_\_\_\_% (max 1%)

Amitriptyline \_\_\_\_\_% (max 2%)

Bupivacaine \_\_\_\_\_% (max 1%)

Cyclobenzaprine \_\_\_\_\_% (max 2%)

Gabapentin \_\_\_\_\_% (max 5%)

Guaifenesin \_\_\_\_\_% (max 10%)

Ketamine\*\* \_\_\_\_\_% (max 6%)

Lidocaine \_\_\_\_\_% (max 5%)

MSM \_\_\_\_\_% (max 5%)

Pentoxifylline \_\_\_\_\_% (max 5%)

Tetracaine USP \_\_\_\_\_% (max 2%)

60gm

120gm

Refill \_\_\_\_\_ \*\* Valid DEA# required for Ketamine

Sig: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License: \_\_\_\_\_ DEA: \_\_\_\_\_ \*required for Ketamine

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

## Instructions:

1. Have your prescriber complete all the sections of this request form and sign it.
2. Our pharmacists will contact the prescriber directly to verify legitimacy of this information and obtain a verbal authorization and prescription as required by law. We can only ship to California addresses.
3. After contacting your prescriber, we will contact you to arrange for payment and shipping.
4. To get started, fax or mail this completed form to:

 **APOTHECARY OPTIONS**

3006 Esplanade, Suite I, Chico, CA 95973

phone: 530-345-RxRx (7979) fax: 530-345-9797 Toll free 1-866-586-4633 [www.apothecaryoptions.com](http://www.apothecaryoptions.com)