



Prescription Order Form

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies: _____ Phone: (____) _____

COMPOUNDED MEDICATION

☐ Boric Acid 600mg Vaginal Suppository

Quantity: ☐ 14 ☐ 30 ☐ other: _____

Refills: _____

Directions: Insert 1 suppository vaginally every night at bedtime.

☐ Boric Acid 600mg + Nystatin 100,000units Vaginal Suppository

Quantity: ☐ 14 ☐ other: _____

Refills: _____

Directions: Insert 1 suppository vaginally every night at bedtime.

☐ Metronidazole 500mg + Miconazole 100mg Vaginal Suppository

Quantity: ☐ 14 ☐ other: _____

Refills: _____

Directions: Insert 1 suppository vaginally every night at bedtime.

☐ Fluconazole 150mg Vaginal Suppository

Quantity: ☐ 4 ☐ other: _____

Refills: _____

Directions: Insert 1 suppository vaginally every night at bedtime.

☐ Amphotericin-B 50mg Vaginal Suppository

Quantity: ☐ 14 ☐ other: _____

Refills: _____

Directions: Insert 1 suppository vaginally every night at bedtime.

☐ Clindamycin 150mg Vaginal Suppository

Quantity: ☐ 3 ☐ 5 ☐ other: _____

Refills: _____

Directions: Insert 1 suppository vaginally every night at bedtime.

Prescriber Signature: _____ Today Date: _____

Prescriber Printed Name: _____ ☐ MD ☐ DO ☐ ND ☐ PA ☐ NP ☐ CNM/CN

State License: _____ DEA: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____