



Prescription Order Form

Patient Name: _____ Date of Birth: _____

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

Allergies: _____ Phone: (_____) _____

COMPOUNDED MEDICATION

Bio-Identical Thyroid Replacement Vegetable (no animal gelatin) Capsules – Lactose-Free

☐ Liothyronine (T3) capsules _____ mcg ☐ Slow Release ☐ Immediate Release

☐ Levothyroxine (T4) Slow Release capsules _____ mcg
we can only compound slow release capsules for levothyroxine

☐ Custom Blended T4/T3 capsules ☐ Slow Release ☐ Immediate Release

T4 component _____ mcg

T3 component _____ mcg

☐ Check here if you desire oil capsules and choose the type below (NOTE: cannot make slow release in oil caps, any slow release ordered will revert to standard powder caps)

☐ Safflower oil

☐ Olive oil

Qty: 100 capsules

Refills _____

Directions: Take 1 capsule every morning 30-60 min before food on an empty stomach.

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: _____

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