

Creative Compounding Pharmacy, Inc.

Prescription Fax Form*

Patient Information:

Name: _____ Date: _____

If For Veterinary Patient, Owner's name: _____

Address: _____

DOB: _____ Daytime Phone: _____

Allergies: _____

Rx Information:

Compounded Medication

Name of Active Ingredient(s) Including Strength % or Dose (mg):

Dosage Form: _____

Quantity: _____ Refills: _____

Directions for Use: _____

Prescriber Information:

Name: _____ State License #: _____

Address: _____ DEA #: _____

_____ NPI #: _____

Phone: _____ **Signature:** _____

Fax: _____

*Do **NOT** use this form for CII prescriptions

FAX THIS FORM TO (714) 573-8004
CREATIVE COMPOUNDING PHARMACY, INC.
13771 NEWPORT AVE., SUITE 7 TUSTIN, CA 92780
PHONE (714) 627-5600