PRESCRIPTION ORDER

OLYMPIA COMPOUNDING PHARMACY
FDA REGISTERED 503B OUTSOURCING FACILITY

Account # *Email tracking to: Account Open Date

MUST CHECK ONE
Fax: 407-604-6434
Bill Physician Bill Patient
This is a refill

Clinic/ Physician name: Phone:

Address:

City: ST: Zip:

MUST CHECK ONE
Ground 2nd Day Overnight

PATIENT INFORMATION

Name: DOB:

Address: City: State: Zip:

Phone: Email

MUST CHECK ONE: Patient will pick-up at pharmacy Ship to patient address Ship to office address

503B Label	Papaverine mg/ml	Phent. mg/ml	PGE mg/ml	Atropine mg/ml
PGE1			40	
PGE2			80	
PGE3			150	
BM3	30	3		
T-50	8	0.29	2.9	
NB-143	30	3	10	
NB-243	30	3	20	
NB-343	30	3	30	
T-101	17.65	0.59	5.9	
T-105	30	1	10	
T-106	30	1	25	
SB4	30	3	40	
SB5	30	3	50	
SB6	30	3	60	
ST2	30	3	100	
RE1	30	3	200	
RE2	30	3	300	
FormF1	1.8	0.2	18	.02
QM1	30	3	10	0.2
QM2	30	3	60	0.2
QM3	30	3	150	0.2
QM4	30	3	300	0.2
FormF9	0.9	0.1	20	.01
FA	20	2	20	0.2

"Reversal Medication" in case of priapism
Include Phenylephrine 1mg/ml 5ml

Dispense Qty: 2.5ml 5ml 10ml # of syringes / bags of 10 2 / 1cc | 30 gauge | 1/2"| alcohol swabs Autoject II

Sig:

Physician Name (Print): Physician Signature: Date:

NPI: Phone: Refills: