



Non-Sterile Prescription Order Form

Please contact us for an **Sterile** Prescription Order Form.

Fax Order To: 800-556-5893

PATIENT INFORMATION: For Office Use For Veterinary Use

1.) FL, NY, & NV: No "Office Use" Permitted. 2.) Controlled substances may no longer be ordered for Office Use. (Some **Sterile** Exceptions Apply.)

Male / Female

Patient Name Sex Date of Birth Date

Patient Address (No PO Boxes)

City State Zip

Phone (H) (W) (Cell) Email

Allergies

PRESCRIPTION: **DATE NEEDED: _____ (Please allow adequate time to compound medications.)

Drug #1: testosterone per Q gel Qty: 1 mo supply Refills: prn

Directions: apply 1.25-2.5mg per day as directed Dx: decreased libido

Drug #2: _____ Qty: _____ Refills: _____

Directions: _____ Dx: _____

Drug #3: _____ Qty: _____ Refills: _____

Directions: _____ Dx: _____

PRACTITIONER INFORMATION: Circle Designation: MD DO PA NP ND DDS DVM DPM

Practitioner Name (Please Print) Steve Volin Signature (Required) Steve Volin

BV2424909 32006 3) 280 2229 3) 280 0765

DEA# 9195 License# Grant St Ste 301 Phone Thornton CO 80229 Fax

Office Address (if first time ordering) Julie Gonzales City/State/Zip

Contact Person (if further information is required) / Faxed By:

Place Office Address Stamp Here.
(Signature Still REQUIRED.)

Delivery Address (if different from patient or practitioner address) City/State/Zip

BILLING & SHIPPING INFORMATION: Ship to Patient Ship to Prescriber

CC# (M/C, Visa, Amex.) Exp. Date Security Code

Name on the Credit Card

Fed-Ex 3 Day Express (standard Rx) Fed-Ex 2nd Day (standard inj shipping) Fed-Ex Overnight

NOTE: For liability purposes, Fed-Ex will require an adult signature upon delivery. This can be waived if a signature release form is signed and sent back to College Pharmacy.