

NexGen Pharmacy Group

IN SERVICE DOCUMENTS



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IN-SERVICE DOCUMENTS

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Tired of chronic pain?

Don't want to add another pill to your daily routine?

Transdermal pain management is a great option to treat acute and chronic pain.

Individualization of formulation allows your physician to prescribe multiple medications and customize the dosage to provide faster relief without the major side effects of oral medications.



Benefits of Topicals

Single CoPay for Multiple Medications	Minimal Adverse Side Effects
Non-Narcotic	Minimal Drug Interaction Risk
Non-Addictive	Minimal Hepatic, Renal, & GI Exposure
Non-Sedating	Most Insurance Accepted

Ask your doctor if topical pain solutions are right for you.



Patient Instructions



As easy as 1-2-3!
Getting your prescription filled is as easy as 1-2-3. Once your prescription is processed, most are shipped the same day via overnight express in the continental USA!

- 1 Call the pharmacy right away!
One simple call to the Pharmacy Hotline at (888) 995-1030 and your prescription will be processed. Remember to have your prescription insurance information handy to expedite your call.
- 2 Compounded medications are made just for you.
Your insurance will be billed, then your medicine will be made especially for you.
- 3 Your medicine will be shipped right to your door!
Please call the pharmacy at the number above if you have any questions or concerns. Our friendly pharmacy staff is ready to make sure you get the medicine you need right away.

PHARMACY HOTLINE
(888) 995-1030
MON-FRI 8AM-6PM CST

IMPORTANT:
WHEN YOU RECEIVE YOUR PRESCRIPTION IT IS IMPORTANT THAT YOU USE YOUR MEDICATION AS DIRECTED BY YOUR PHYSICIAN. INSTRUCTIONS FOR APPLICATION WILL BE INCLUDED WITH YOUR PRESCRIPTION.
CAUTION: AVOID CONTACT WITH YOUR EYES AND/OR MOUTH. CREAM IS NOT TO BE INGESTED.

For questions regarding prescription status, please call the Pharmacy Hotline at (888) 995-1030 Mon-Fri 8am-6pm CST.

Welcome!

Dear Healthcare Provider:

In June 2010, a group of Registered Pharmacists, a Dentist, and a Marketing Coordinator collaborated to create RX Pro Pharmacy & Compounding. Our team shared a vision to improve lives by offering superior, safe, and affordable compounds to alleviate pain, heal wounds, diminish scars, and provide solutions for additional medical conditions one patient at a time. The goals were set to deliver the highest standards in service, reliability, integrity, and to produce the most innovative products in the compounding industry.

We are passionate about providing integral products. Our transdermal formulations are customized using high quality ingredients available from Professional Compounding Centers of America (PCCA) and other compounding suppliers.

We are committed to creating the most effective transdermal formulations. RX Pro ensures operative communication among Staff Pharmacists, Pharmacy Technicians, and a Pharmacologist with Healthcare Providers and patients. Our friendly, experienced, knowledgeable and professional team will assist in introducing, educating, and providing solutions at an extraordinary level that will exceed our clients' expectations.

We offer a simplified prescription process to Healthcare Providers. RX Pro recognizes the value of time; therefore we have streamlined the prescription process for the Healthcare Provider. Once the single page prescription is completed and faxed to us, RX Pro concludes the prescription process and will only contact the HCP if additional information is required.

We take pride in offering individualized service to patients. All patients accepting compounds from our pharmacy can expect to receive instructions and a precise summary along with their prescription. As an additional courtesy, an RX Pro Customer Care member will call patients to notify them of the scheduled delivery of their prescription to the address on file.

As a result of our ongoing dedication to strive for excellence, RX Pro is a pioneering leader in the Pharmaceutical Compounding Industry. We are currently licensed in 50 states with over 3,000 prescribing Healthcare Providers. We look forward to partnering with you in our quest to change lives one patient at a time. Thank you for choosing RX PRO to service your pharmaceutical compounding needs.

Sincerely,
Chad Barrett
James Bennett
Nicole Hotard
Chris Merriwether
Jason Rutland

Script Process

Step 1:

The first step in the compound script process is for the physician to complete the recommended script. The physician then gives the script to the patient and informs them to notify staff upon check out they have been prescribed a compounding script.


Step 2:

Patient notifies staff that they have been prescribed a compounding script. Staff comments on the benefits of compounding and the excellent results other patient are having with compounding. Basic benefits to compounding are; a. no harmful effects to the GI tract, non-addictive, site specific pain relief, and specifically formulated for each the patient. Compound Script Patient instructions.

Step 3:

Staff reviews the Compound Script Patient Instructions page and ensures completion of the Patient Demographics page. It is very important to review the Auto Refill Program (see importance of Auto Refill Program Form). Have the patient sign and date the Auto Refill Program form.

Compound Script



MedSport

Dr. John Smith
123 Main St.
Suite 600
Plano, TX 75000

Tel (888) 800-1234
Fax (888) 800-5678
NPI #22244555
DEA #2345674

Patient		D.O.B	
SSN	GI #		
Home Phone	Mobile		
Address			
City	State	Zip Code	
Rx. Insurance	PCN		
Group	ID		
BIN			
Allergies			

Other current disease, stable, conditions or medications: _____

Local Pharmacy: _____

Diagnosis: _____

* Please review our any unwanted medications in formulations. Check here if your patient wishes to have prescription auto-ship. We will call patients before we ship refills on Anti-Viral, Wound, Scar, or Miscellaneous formulations. Please Fax Patient Demographics I.E. Current Insurance, Address Information, Medical and Prescription Cards. Medicaid and Medicare May Have Limitations With Respect to Coverage of Certain Compounds.

Dual Action		Neurospastic	
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Dicyclanil sodium 1% Baclofen 2% Cyclobenzaprine HCl 2% Gabapentin 10% Baclofen HCl Monohydrate 5%	Amitriptyline HCl 8% Baclofen sodium 2% Cyclobenzaprine HCl 2% Gabapentin HCl Monohydrate 10% Baclofen HCl Monohydrate 5%	Amitriptyline HCl 8% Imipramine HCl 2% Meprobamate 1% Quaalunin 5% Baclofen HCl Monohydrate 5%	Gabapentin 10% Imipramine HCl 2% Baclofen HCl Monohydrate 5%
240gm = 30 day supply		240gm = 30 day supply	
Anti-Inflammatory		Antifungal Gel	
<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	<input type="checkbox"/> H
Fluorfenone 10% Diclofenac HCl 2% Ibuprofen HCl Monohydrate 2%	Dexam D-Glucose 0.2% Acyclovir 5% Diphenhydramine HCl Monohydrate 2% Carbamazepine 10%	Mupirocin 2% Tioconazole 2% Fluconazole Propionate 40%	Terfenadine HCl 1.67% Fluoxetine 2% Zolpidem CR 1% Clonidine 2% Lorazepam 2%
240gm = 30 day supply		(SIG: Apply 1-2 gm 2x a day) 120gm = 30 day supply	
Scar		Wound Care	
<input type="checkbox"/> I	<input type="checkbox"/> J	<input type="checkbox"/> K	<input type="checkbox"/> L
Tetracycline Citrate 0.1% Doxycycline 0.1% Clindamycin 0.1% Lipoic Acid DL-alpha 0.1% Betamethasone Acetate 0.1%	Fluconazole Propionate 1% Levofloxacin 0.1% Tetracycline 0.1%	Phenytoin 0.5% Minoxidil 0.02%	Fluconazole Propionate 0.1% Levofloxacin 0.1%
(SIG: Apply 1-2 gm 2x a day) 120gm = 30 day supply		(SIG: Apply 1-2 gm 2x a day to affected area or with each dressing or wound dressing) 120gm = 30 day supply	
Miscellaneous		Antiemetic	
<input type="checkbox"/> M	<input type="checkbox"/> N	<input type="checkbox"/> O	<input type="checkbox"/> P
Sumatriptan Succinate 5% Prochlorperazine 2% Dexamethasone 0.1% Doxapram 2%	Ondansetron 2% Dexam D-Glucose 0.2% Diphenhydramine 2% Salicylic Acid 20% Fluconazole Propionate 1%	Ondansetron HCl 0.8%	Clonidine 0.1% Lipoic Acid 100 mg Fluoxetine 200 mg Methylphenidate 100 mg Methylphenidate 10 mg Fluoxetine 20 mg Fluoxetine 10 mg Folic Acid 5 mg Folic Acid 10 mg
(SIG: Apply 1-2 gm 2x a day for 1-2 weeks or until relief is achieved) 30gm = 30 day supply		(SIG: Apply 1-2 gm 2x a day as needed) 180gm = 30 day supply	

Custom Formulation: _____

Pump: Apply 1-2 gms to affected area 2-4 times a day.
 Roll-on: Apply roll-on for 60 seconds or until affected area is saturated 2-4 times a day. Finish rubbing in by hand.
(Roll on only available for Dual Action, Neurospastic, Anti-inflammatory)

IMPORTANT! Do Not Use Weightless on Pregnant Patients without Consulting Provider

Quantity: 120gm 180gm 240gm other _____ Refills: _____

Alt SIG: _____

Substitution Permitted Dispense As Written Date

Step 4:

The Copyay conversion. It is very important to have the copyay conversation with each patient. The copyay conversation simply reviews the potential scenarios as it relates to the patient's copyay.



Compound Rx Patient Instructions

Patient Instructions
RxPRO



Customer Service Department

“We’re here for you.”

Please don't hesitate to call our Patient Hotline. We're here to answer any questions you have regarding any part of the prescription process. From helping you to understand how to use your prescription, to your insurance benefits (including copay and prescription options) and more. We can even let you know your expedited shipment date.

As easy as 1-2-3!

Getting your prescription filled is as easy as 1-2-3. Once your prescription is processed, most are shipped the same day via overnight express in the continental USA!

- 1 Call the pharmacy right away!**
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Your insurance will be billed, then your medicine will be made especially for you.
- 3 Your medicine will be shipped right to your door!**
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For questions regarding prescription status, please call the Pharmacy Hotline at (888) 995-1030 Mon-Fri 8am-6pm CST.

Patient Demo & Refill Form

Patient Demographics & Refill Authorization
RxPRO

To Ensure Quick Delivery Of Your Medicine Please Fax This Form With The Prescription.

Patient Demographics

Patient name: _____ Date of birth: _____
 Cell phone: _____ May we send text messages to this number? Y N
 Other phone: _____ E-mail: _____
 Address: _____ City, State, Zip: _____

Please list drug allergies: _____
 Do you take Coumadin or warfarin? Y N

Prescription Insurance Information
 This is NOT MEDICAL insurance information. *Note: This will be "Rx" information or you will have a separate card for prescription insurance. THIS IS NOT YOUR MEDICAL (doctor and hospital) INSURANCE!
 Look for Rx or Pharmacy information on your insurance card.
 Rx ID# or BIN number: _____ (required)
 Rx PCN or PCD number: _____
 RX Grp or Group number: _____
 Member ID or Cardholder ID: _____

Refill Authorization

Optional payment information and authorization to ship
 Avoid delays by giving us permission to ship your medication and to bill you for the payment. In today's busy world, "please pay" can delay billing and shipping your prescriptions, sometimes for days. You are not required to give us your authorization to bill you. If you choose to leave this blank, then we will contact you by phone. We may still need to contact you in certain cases. For example, if your insurance claim is rejected or if the copay is greater than \$40.00. We will make every effort to reach you by phone to gather your payment information.

We look forward to serving your compounding pharmacy needs.

Shipping and Refill Authorization

I authorize RxPro Pharmacy or their Pharmacy Partner to bill me up to \$40.00 for my medication. If the charge will be more than \$40, you will be called at the phone number listed above to discuss charges.

By signing below I am authorizing RxPro Pharmacy or their Pharmacy Partner to ship my medication to the above address.

I authorize RxPro Pharmacy or their Pharmacy Partner to send refills as authorized by my doctor. These refills will be sent to the above address at 25 day intervals. To discontinue shipment of refills, please call the pharmacy.

Patient's Name (Please Print) _____ Signature _____ Date _____
 Pharmacy Hotline (888) 995-1030

There are 3 potential scenarios:

1. No insurance – therefore the compound script will be filled at 60 grams for \$60.
2. Insurance with copay – it is important to notify the patient that although the amount of an each individual's copay varies, if the amount of the copay is more than expected, for example \$40, the patient can ask the pharmacy if there are other more affordable options.

Depending on the script, it is possible to decrease the patient's copay to a little as \$20 for the prescription.

Step 5:

The staff faxes in Compound Script along with Patient Demographics information and insurance card to (800) 991-4324.

Step 6:

End of Day verification. At the end of each day the staff calls each patient to ensure they have contacted or been contacted by the pharmacy.

Physician's Online Portal Tracking System

Step 1:


Your NexGen-RxPro representative will provide you with the User Name and Password information to sign into your personalized account.

Step 2:

Login to: www.RxProNow.com

Step 3:

Click "HCP" and then click the "Doctor Login" button



The screenshot shows the RxPro website homepage. The navigation menu at the top includes 'HOME', 'OUR SPECIALTIES', 'HCPs', 'PATIENTS', 'CAREERS', and 'CONTACT US'. The 'HCPs' menu is open, showing 'DOCTOR LOGIN' and 'RESOURCES'. A red circle highlights the 'HCPs' menu and the 'DOCTOR LOGIN' button. A black arrow points from the text 'Click "HCP" and then click the "Doctor Login" button' to the 'DOCTOR LOGIN' button. The website header includes the RxPro logo, the tagline 'Pharmacy & Compounding, Inc. Changing lives, one patient at a time. Stop hurting, start living.', a search bar, and contact information: '1-877-551-2377' and 'getinfo@worldhealthind.com'. The main content area features a large image of a couple walking on a beach, with the text 'Changing lives, one patient at a time. Stop hurting, start living.' and the RxPro logo. Below the image, there is a 'Welcome to RX Pro Pharmacy & Compounding' section with a list of questions and a 'TAKE OUR SURVEY HERE' button. At the bottom, there are three columns: 'Our vision', 'Our Responsibility', and 'Our core values'.

Step 4:

Type in your User Name (your email address) and password to log in to your personal portal.

Step 5:

Once you have successfully logged in, you have access to the following elements:

- a. Rx Data
- b. Topical Pain Resources
- c. Communication Central and more.



STORE	RX#	Date Written	Date Billed	N/I	Formula	Qty	Insurance Paid	Copay	Insurance Name	Claim Status	Doctor	Reps	AU
Gibson	102881	10/25/2014	10/27/2014	N	DUAL D(CREAM)	60	\$ 273.73	\$ 20.00	BLUE CROSS BLUE SHIELD OF ILLINOIS	PAID	MARK A JONES	PS99 RX CONSULTI	YES
Vitality	109573	10/23/2014	10/24/2014	N	FLUR10% BACL2% BUP15% C	240	\$ 1,038.20	\$ 50.00	CAREMARK	PAID	ROBERT EUGENE BE	PS99 RX CONSULTI	NO
Vitality	109582	10/24/2014	10/24/2014	N	FLUR10% BACL2% BUP15% C	240	\$ 1,083.34	\$ 0.00	CAREMARK	PAID	ROBERT EUGENE BE	PS99 RX CONSULTI	NO
MACBA	102574	10/22/2014	10/23/2014	N	MELO1%LIDO2.5%PRIL2.5%G	90	\$ 257.90	\$ 20.00	MEDCO	PAID	NAIM SHAHEED	PS99 RX CONSULTI	NO
Gibson	102783	10/22/2014	10/23/2014	N	LIDO/PRILO2.5% MELO1% (F)	240	\$ 629.30	\$ 20.00	EXPRESS SCRIPTS-MD	PAID	MARK A JONES	PS99 RX CONSULTI	YES
CARERX	108438	10/22/2014	10/23/2014	N	DUAL A ROLL ON(CREAM)	120	\$ 260.62	\$ 50.00	BCBS	PAID	MICHAEL J. CHIN	PS99 RX CONSULTI	NO
Vicksbu	115043	10/22/2014	10/23/2014	N	FLUR10%/CYCL2%/BACL2%/B	240	\$ 242.61	\$ 35.00	CATALYST RX	PAID	ROBERT BERRY	PS99 RX CONSULTI	NO
Monroe	119232	10/22/2014	10/23/2014	N	DUAL D 240(CREAM)	240	\$ 1,626.06	\$ 674.08	CAREMARK	PAID	MARK JONES	PS99 RX CONSULTI	NO
Monroe	119253	10/23/2014	10/23/2014	N	DUAL D W/ VERAPAMIL(CREAN	240	\$ 2,352.81	\$ 20.00	CAREMARK	PAID	MARK JONES	PS99 RX CONSULTI	YES
Jackson	139125	10/22/2014	10/23/2014	N	GABA10% IMIP3% BUP15%(240	\$ 465.56	\$ 50.00	EXPRESS SCRIPTS-MD	PAID	MARK A JONES	PS99 RX CONSULTI	YES
Jackson	139127	10/22/2014	10/23/2014	N	GENERAL WELLNESS SUPPLEM	60	\$ 2,918.69	\$ 50.00	EXPRESS SCRIPTS-MD	PAID	MARK A JONES	PS99 RX CONSULTI	YES
Gibson	102729	10/21/2014	10/22/2014	N	DUAL D (ADD VERAP10%)(CRE	240	\$ 1,661.04	\$ 624.98	CAREMARK	PAID	MARK A JONES	PS99 RX CONSULTI	YES
Vitality	109441	10/21/2014	10/22/2014	N	FLUR10% BACL2% BUP15% C	90	\$ 236.19	\$ 30.00	BCBS OF TEXAS USE THIS	PAID	ROBERT EUGENE BE	PS99 RX CONSULTI	NO
Jackson	139030	10/22/2014	10/22/2014	N	ANTI-INFLAM F(CREAM)	240	\$ 1,546.28	\$ 30.00	MEDCO	PAID	ROBERT BERRY	PS99 RX CONSULTI	YES
Jackson	139031	10/22/2014	10/22/2014	N	ANTI-INFLAM F(CREAM)	240	\$ 1,815.67	\$ 63.00	CAREMARK SUPER SAVER	PAID	ROBERT BERRY	PS99 RX CONSULTI	NO
Monroe	119167	10/20/2014	10/21/2014	N	DUAL D 240(CREAM)	240	\$ 1,626.06	\$ 674.08	CAREMARK	PAID	MARK JONES	PS99 RX CONSULTI	NO
Gibson	102663	10/20/2014	10/20/2014	N	TERB1.67% FLUR2% SAL15%	30	\$ 1,145.42	\$ 20.00	CAREMARK	PAID	MARK A JONES	PS99 RX CONSULTI	YES

Patient Instructions



Customer Service
Department

“We’re here for you.”

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As easy as 1-2-3!

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2 Compounded medications are made just for you.

Your insurance will be billed, then your medicine will be made especially for you.

3 Your medicine will be shipped right to your door!

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Frequently Asked Questions



What is pharmacy compounding?

Pharmaceutical compounding is the science of preparing custom medications to fit the unique needs of a patient.

What are some of the benefits of topical pain medications?

Because no two patients are the same, commercial medications may not meet the needs of a particular patient. Compounding allows your physician to customize medications for each patient. Compounded topical pain relievers benefit the patient by allowing them to apply the cream directly to the affected area, targeting only the painful area instead of taking oral medications that send the medicine through the whole body. There are fewer side effects with topical creams since the dose is much lower for a similar effect.

When will I receive my medication?

Usually it will be 2-3 days after you talk to the pharmacy staff. They will need your prescription insurance information, the shipping address and the best phone number to reach you in case of a problem.

How will I get my medication?

It will be shipped to the shipping address that you provide for the pharmacy staff when you call them.

Will my insurance cover my customized medication?

We will bill each patient's insurance to determine coverage and discuss the coverage and your copay with you. Most cover compounds.

Simplifying Your Refills

How would you like your refills sent automatically each month right to your front door? In today's busy world, playing phone tag can delay refilling your prescription for days or even weeks. If your copay is less than \$40, your doctor's office can automate your refill process.

Patient Demographics & Refill Authorization

To Ensure Quick Delivery Of Your Medicine
Please Fax This Form With The Prescription.

Patient Demographics

Patient name: _____ Date of birth: _____
 Cell phone: _____ May we send text messages to this number? Y N
 Other phone: _____ E-mail: _____
 Address: _____ City, State, Zip: _____

Please list drug allergies: _____
 Do you take Coumadin or warfarin? Y N

Prescription insurance information
This is NOT MEDICAL insurance information. *Note* This will be "Rx" information or you will have a separate card for prescription insurance. THIS IS NOT YOUR MEDICAL (doctor and hospital) INSURANCE!

Send for the Rx Pharmacy information on your insurance card.
 Rx ID or BIN number: _____ (required)
 Rx PCN or PCH number: _____
 RX CR or Group number: _____
 Member ID or Cardholder ID: _____

Refill Authorization

Optional payment information and authorization to ship

Consent delays by giving us permission to ship your medications and to bill you for the amount. In today's busy world, "phone tag" can delay billing and shipping your prescriptions sometimes for days. You are not required to give us your authorization to bill you. If you choose to leave this blank, then we will contact you by phone. We may call need to contact you in certain cases. For example, if your insurance claim is rejected or if the copay is greater than \$40.00. We will make every effort to reach you by phone to gather your payment information.

We look forward to serving your compounding pharmacy needs.

Shipping and Refill Authorization

I authorize RxPro Pharmacy or their Pharmacy Partner to bill me up to \$40.00 for my medication. If the charge will be more than \$40, you will be called at the phone number listed above to discuss charges.

By signing below, I am authorizing RxPro Pharmacy or their Pharmacy Partner to ship my medication to the above address.

I understand the Pharmacy Partner to send refills as authorized by my doctor. These refills will be sent to the above address at 23 day intervals. To discontinue shipment of refills, please call the pharmacy.

 Patient's Name (Please Print) Signature Date

Pharmacy Hotline (888) 995-1030



Simply sign and date and your refills will never be late!

For questions regarding prescription status, please call the Pharmacy Hotline at (888) 995-1030 Mon-Fri 8am-6pm CST.

Patient Demographics & Refill Authorization

To Ensure Quick Delivery Of Your Medicine Please Fax This Form With The Prescription.

Patient Demographics

Patient name: _____ Date of birth: _____
Cell phone: _____ May we send text messages to this number? Y N
Other phone: _____ E-mail: _____
Address: _____ City, State, Zip: _____

Please list drug allergies: _____
Do you take Coumadin or warfarin? Y N

Prescription insurance information

This is NOT MEDICAL insurance information. *Note* This will be "Rx" information or you will have a separate card for prescription insurance. **THIS IS NOT YOUR MEDICAL (doctor and hospital) INSURANCE!**
Look for Rx or Pharmacy information on your insurance card.

Rx BIN or BCN number: _____ (required).
Rx PCN or PCN number: _____
RX Grp or Group number: _____
Member ID or Cardholder ID: _____

Refill Authorization

Optional payment information and authorization to ship

Avoid delays by giving us permission to ship your medication and to bill you for the payment. In today's busy world, "phone tag" can delay billing and shipping your prescription, sometimes for days. You are not required to give us your authorization to bill you. If you choose to leave this blank, then we will contact you by phone. We may still need to contact you in certain cases. For example, if your insurance claim is rejected or if the copay is greater than \$40.00. We will make every effort to reach you by phone to gather your payment information.

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I authorize RxPro Pharmacy or their Pharmacy Partner to send refills as authorized by my doctor. These refills will be sent to the above address at 25 day intervals. To discontinue shipment of refills, please call the pharmacy.

Patient's Name (Please Print)

Signature

Date

Pharmacy Hotline (888) 995-1030

Physician/Staff Instructions



OFFICE USE ONLY

1. Compound Script

Dr. John Smith
123 Main St.
Suite 600
Plano, TX 75000

Tel (888) 800-1234
Fax (888) 800-5678
NPI #222445555
DEA #2345674

Other current disease status(es), conditions or medications:

Local Pharmacy:

Diagnoses:

Check here if your patient wishes to have prescription auto filled. We will call patients before we ship refills or Auto-Vial, Wound, Scar, or Miscellaneous Formulations. Please Fax Patient Demographics I.E. Current Insurance, Address Information, Medical and Prescription Cards, Medicaid and Medicare May Have Limitations With Respect to Coverage of Certain Compounds.

Patient: _____ DOB: _____

SSN: _____ DL# _____

Name: Phone: _____ Mobile: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Rx Insurance: _____ PCN: _____

Group: _____ ID: _____

SIN: _____

Allergies: _____

Dual Action		Neurospastic	
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Oxycodone 500mg 2% Oxycodone 100mg 2% Oxycodone 150mg 2% Oxycodone 200mg 2% Oxycodone 300mg 2% Oxycodone 400mg 2% Oxycodone 500mg 2% Oxycodone 600mg 2% Oxycodone 700mg 2% Oxycodone 800mg 2% Oxycodone 900mg 2% Oxycodone 1000mg 2% Oxycodone 1200mg 2% Oxycodone 1500mg 2% Oxycodone 2000mg 2% Oxycodone 2400mg 2% Oxycodone 3000mg 2% Oxycodone 3600mg 2% Oxycodone 4200mg 2% Oxycodone 4800mg 2% Oxycodone 5400mg 2% Oxycodone 6000mg 2% Oxycodone 6600mg 2% Oxycodone 7200mg 2% Oxycodone 7800mg 2% Oxycodone 8400mg 2% Oxycodone 9000mg 2% Oxycodone 9600mg 2% Oxycodone 10200mg 2% Oxycodone 10800mg 2% Oxycodone 11400mg 2% Oxycodone 12000mg 2% Oxycodone 12600mg 2% Oxycodone 13200mg 2% Oxycodone 13800mg 2% Oxycodone 14400mg 2% Oxycodone 15000mg 2% Oxycodone 15600mg 2% Oxycodone 16200mg 2% Oxycodone 16800mg 2% Oxycodone 17400mg 2% Oxycodone 18000mg 2% Oxycodone 18600mg 2% Oxycodone 19200mg 2% Oxycodone 19800mg 2% Oxycodone 20400mg 2% Oxycodone 21000mg 2% Oxycodone 21600mg 2% Oxycodone 22200mg 2% Oxycodone 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Customized Script Pads



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Plano, TX 75000

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Fax (888) 800-5678
NPI #222444555
DEA #2345674

Other current disease state(s), conditions or medications: _____

Local Pharmacy: _____

Diagnosis: _____

* Please cross out any unwanted medications in formulations. Check here if your patient wishes to have prescription auto-filled. We will call patients before we ship refills on Anti-Viral, Wound, Scar, or Miscellaneous formulations. Please Fax Patient Demographics I.E., Current Insurance, Address Information, Medical and Prescription Cards.

Medicaid and Medicare May Have Limitations With Respect to Coverage of Certain Compounds.

Patient		D.O.B
SSN	DL #	
Home Phone	Mobile	
Address		
City	State	Zip Code
Rx. Insurance	PCN	
Group	ID	
BIN		
Allergies:		

Dual Action		Neuropathic	
<input type="checkbox"/> A _____ % Diclofenac sodium 3% Baclofen 2% Cyclobenzaprine HCl 2% Gabapentin 10% Bupivacaine HCl Monohydrate 5% 240gm = 30 day supply	<input type="checkbox"/> B Amantadine HCl 8% Diclofenac sodium 3% Baclofen 2% Cyclobenzaprine HCl 2% Gabapentin 10% Bupivacaine HCl Monohydrate 5% 240gm = 30 day supply	<input type="checkbox"/> C _____ % Amantadine HCl 8% Imipramine HCl 3% Meloxicam 1% Guaifenesin 5% Bupivacaine HCl Monohydrate 5% Max supply of 100 gm	<input type="checkbox"/> D _____ % Gabapentin 10% Imipramine HCl 3% Bupivacaine HCl Monohydrate 5% 240gm = 30 day supply
Anti-Inflammatory	Antiviral	Antifungal Gel	Antifungal Solution
<input type="checkbox"/> E Flurbiprofen 10% Cyclobenzaprine HCl 2% Baclofen 2% Bupivacaine HCl Monohydrate 5% 240gm = 30 day supply	<input type="checkbox"/> F Deoxy D-Glucose 0.2% Acyclovir 5% Bupivacaine HCl Monohydrate 5% Gabapentin 10% 240gm = 30 day supply	<input type="checkbox"/> G Mupirocin 5% Itraconazole 5% Fluticasone Propionate 1% Urea 40% (SIG: Apply 1-2 gm 2x a day.) 120gm = 30 day supply	<input type="checkbox"/> H Terbinafine HCl 1.67% Flurbiprofen 2% Salicylic Acid 5% Fluticasone Propionate 1% Ciclopirox Olamine 8% Urea 20% (SIG: Apply to nail bed 2x a day.) 30mL = 30 day supply
Scar	Wound Care	Anti-Allergy	
<input type="checkbox"/> I Tamoxifen Citrate 0.1% Tranilast 1% Caffeine Citrate 0.1% Lipoic Acid DL-alpha 0.5% ECGG 1% Betamethasone Acetate 0.1% (SIG: Apply 1-2 gm 2x a day.) 120gm = 30 day supply	<input type="checkbox"/> J Fluticasone Propionate 1% Levocetirizine Dihydrochloride 0.1% Tamoxifen Citrate 0.1% (SIG: Apply 1-2 gm 2x a day.) 120gm = 30 day supply	<input type="checkbox"/> K Phenytoin 5% Misoprostol 0.0024% _____ % (SIG: Apply 1-2 gm 2x a day to affected area or with each change of wound dressing.) 120gm = 30 day supply	
<input type="checkbox"/> L Fluticasone Propionate 0.1% Levocetirizine Dihydrochloride 2% (SIG: Apply 1-2 gm 2x a day to affected sinus area for allergies.) 120gm = 30 day supply			
Miscellaneous	Antiemetic	General Wellness	
<input type="checkbox"/> M Sumatriptan Succinate 5% Pentoxifylline 5% Dexamethasone 0.1% Lidocaine 5% (SIG: Apply 0.5 gm (dime sized) every 4 hours as needed to the back of the neck at the hairline and trigger points for headache.) 90gm = 30 day supply	<input type="checkbox"/> N Cimetidine 2% Deoxy D-Glucose 0.2% 5-Fluorouracil 5% Salicylic Acid 20% Fluticasone Propionate 1% (SIG: Apply to warts 2x a day for a week then once daily for three to six weeks as directed.) 30gm = 30 day supply	<input type="checkbox"/> O Ondansetron HCl 0.8% (SIG: Apply 1-2 gm externally 2-3x a day as needed.) 180gm = 30 day supply	
<input type="checkbox"/> P Coenzyme Q-10 100 mg Lipolic Acid 250 mg Vitamin D3 1000 IU Methycobalamin 10 mg Pyridoxial-5-Phosphate 70 mg Resveratrol 50 mg Folic Acid 1 mg (SIG: Take 1 capsule by mouth 2x a day.) 60 capsules = 30 day supply			

Custom Formulation: _____

IMPORTANT! Do Not Use Misoprostol on Pregnant Patients without Consulting Provider

**

- Pump:** Apply 1-2 gms to affected area 2-4 times a day.
- Roll-on:** Apply roll-on for 60 seconds or until affected area is saturated 2-4 times a day. Finish rubbing in by hand.

Quantity: 120gm 180gm 240gm other _____ Refills: _____

(Roll-on only available for Dual Action, Neuropathic, Anti-Inflammatory)

Alt SIG: _____

Substitution Permitted Dispense As Written Date

Tired of chronic pain?

Don't want to add another pill to your daily routine?


Transdermal pain management is a great option to treat acute and chronic pain.

Individualization of formulation allows your physician to prescribe multiple medications and customize the dosage to provide faster relief without the major side effects of oral medications.

Benefits of Topicals

- Single CoPay for Multiple Medications
- Non-Narcotic
- Non-Addictive
- Non-Sedating
- Minimal Adverse Side Effects
- Minimal Drug Interaction Risk
- Minimal Hepatic, Renal, & GI Exposure
- Most Insurance Accepted

Ask your doctor if topical pain solutions are right for you.



Patient Instructions



Customer Service Department
"We're here for you."

Please don't hesitate to call our Patient Hotline. We're here to answer any questions you have regarding any part of the prescription process. From helping you to understand how to use your prescription, to your insurance benefits (including copay and prescription options) and more. We can even let you know your expedited shipment date.

As easy as 1-2-3!

Getting your prescription filled is as easy as 1-2-3. Once your prescription is processed, most are shipped the same day via overnight express in the continental USA!

- 1 Call the pharmacy right away!**
One simple call to the Pharmacy Hotline at (888) 995-1030 and your prescription will be processed. Remember to have your prescription insurance information handy to expedite your call.
- 2 Compounded medications are made just for you.**
Your insurance will be billed, then your medicine will be made especially for you.
- 3 Your medicine will be shipped right to your door!**
Please call the pharmacy at the number above if you have any questions or concerns. Our friendly pharmacy staff is ready to make sure you get the medicine you need right away.

PHARMACY HOTLINE
(888) 995-1030
MON-FRI 8AM-6PM CST

IMPORTANT:
WHEN YOU RECEIVE YOUR PRESCRIPTION IT IS IMPORTANT THAT YOU USE YOUR MEDICATION AS DIRECTED BY YOUR PHYSICIAN. INSTRUCTIONS FOR APPLICATION WILL BE INCLUDED WITH YOUR PRESCRIPTION
CAUTION: AVOID CONTACT WITH YOUR EYES AND/OR MOUTH. CREAM IS NOT TO BE INGESTED.

For questions regarding prescription status, please call the Pharmacy Hotline at (888) 995-1030 Mon-Fri 8am-6pm CST.

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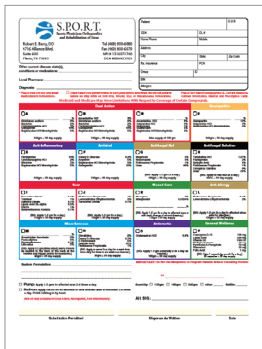
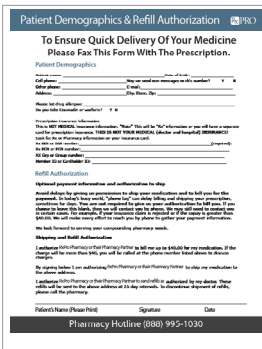



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Physician/Staff Instructions

OFFICE USE ONLY

- 1. Compound Script**

- 2. Patient Demos & Refill Auth Form**

- 3. Patient's Rx Insurance Card**


Compound Script Faxing Process
Please fax the following items to process the Compound Script:

1. Compound Script
2. Patient Demographics & Refill Auth. Form
3. Patient's Rx Insurance Card

(800) 991-4324

For questions regarding prescription status, please call your Rx Doctor/Nurse Conceirge Hotline at (888) 995-1030