



# FAX Cover Sheet

From: \_\_\_\_\_

Date: \_\_\_\_\_

Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**To: Mixtures Pharmacy**

Fax: 480-706-0489

Ahwatukee (Phone: 480-706-0620)

Gilbert (Phone: 480-300-5279)

Scottsdale (Phone: 480-400-0649)

Subject: New Rx

Pages: (including the cover sheet) # \_\_\_\_\_

Comments:

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication/Dose	Directions	Supply	Refills
<b>Armour Thyroid</b> _____mg Or _____grain	<input type="checkbox"/> Take 1 tablet qam <input type="checkbox"/> Take 1 tablet bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	
<b>NP Thyroid</b> _____mg Or _____grain	<input type="checkbox"/> Take 1 tablet qam <input type="checkbox"/> Take 1 tablet bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	

Medication/Dose	Form	Directions	Supply	Refills
<b>T4 (levothyroxine) compounded</b> _____mcg capsule	<input type="checkbox"/> MR <input type="checkbox"/> IR	<input type="checkbox"/> Take 1 capsule qam <input type="checkbox"/> Take 1 capsule bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	
<b>T3 (liothyronine) compounded</b> _____mcg capsule	<input type="checkbox"/> MR <input type="checkbox"/> IR	<input type="checkbox"/> Take 1 capsule qam <input type="checkbox"/> Take 1 capsule bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	
<b>T4 / T3 compounded</b> _____/_____mcg capsule	<input type="checkbox"/> MR <input type="checkbox"/> IR	<input type="checkbox"/> Take 1 capsule qam <input type="checkbox"/> Take 1 capsule bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	
<b>Thyroid USP compounded</b> _____mg capsule	<input type="checkbox"/> MR <input type="checkbox"/> IR	<input type="checkbox"/> Take 1 capsule qam <input type="checkbox"/> Take 1 capsule bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	

	Medication/Dose	Directions	Supply	Refills
<b>L D N</b>	<b>Formulary:</b> Only these strengths, these quantities, our standard filler and clear gelatin capsules			
	<b>Naltrexone</b> □1.5mg   □3mg   □4.5mg	<input type="checkbox"/> Take 1 capsule daily <input type="checkbox"/> _____	<input type="checkbox"/> #90	
	<b>Naltrexone</b> _____mg	<input type="checkbox"/> Take 1 capsule daily <input type="checkbox"/> Take 1 capsule daily for □7 days   □14 days then increase to	<input type="checkbox"/> #30 <input type="checkbox"/> #60 <input type="checkbox"/> #90	

Signature (substitution permissible)	Printed Name	NPI#	Office Phone #	Date
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