

NEW PRESCRIPTION ORDER FORM

Please fill out this form to order a new prescription compounded by Bayview Pharmacy. Simply follow the 3 steps, **then fax** this order form to Bayview Pharmacy at (401) 284–4506. If you have any questions, please call us at (401) 284–4505.

2									
	Patient Information								
Ī	ast Name			First Name			MI		
	ddress							Apt.#	
	City	State		ZIP		Phone Number			
	Date of Birth (mm/dd/yyyy)			O M O F Email					
2	Prescriber and Prescription Information								
I	Prescriber's Name								
	Phone Number Fax Number								
Street Adress									
	City			State			ZIP		
ļ	NPI	DEA							
	O Apply/Insert 1gm O Apply/Insert 1gm O Other O Estriol (E3) Vaginal Cream O Apply/Insert 1gm HS for two O Apply/Insert 1gm HS 2-3 tir O Progesterone Suppository O Insert 1 suppository HS	HS for two HS 2-3 tir O 0.05 o weeks, the	o weeks mes a we 	then decrea eek 0.1% rease to 2-3 t	imes a v				
O Dehydroepiandrosterone (DHEA)									
	Vaginal Suppository ○ 3.25mg ○ 6mg ○ 13mg ○ Other ○ Insert 1 suppository HS Vaginal Gel ○ 13mg/Gm ○ Other ○ Insert 1ml PV HS								
Reference Only – Needs to be electronically prescribed Testosterone 0.2% Vaginal Gel Apply/Insert 1gm vaginally HS for 2 weeks, then decrease to 2–3 times a week thereafter QTY: O 1 month O 2 months O 3 months O Other									
									X
3	Please fax completed order form to Bayview Pharmacy at (401) 284-4506.								

For professional use only. Bayview Pharmacy specializes in customizing medications to meet unique patient and prescriber needs. Please apply your professional judgement within the scope of your specialty when prescribing. Bayview Pharmacy dispenses only to individually identified patients with valid prescriptions. No compounded medications are reviewed by the FDA for safety or efficacy. Bayview Pharmacy does not compound copies of commercially available products. Have a question? Call us at (401) 284-4505 and one of our pharmacists will help you.