

NEW PRESCRIPTION ORDER FORM

1 Patient Information

| | | | | |
|----------------------------|-------|------------|---|--------|
| Last Name | | First Name | | MI |
| Address | | | | Apt. # |
| City | State | ZIP | Phone Number | |
| Date of Birth (mm/dd/yyyy) | | Sex | <input type="radio"/> M <input type="radio"/> F | Email |

2 Prescriber and Prescription Information

| | | |
|-------------------|-------|------------|
| Prescriber's Name | | |
| Phone Number | | Fax Number |
| Street Address | | |
| City | State | ZIP |
| NPI | DEA | |

R_x

Commonly Requested Formulas for Ear Wax Removal (Softening)

- Docusate Sodium 2% Otic Solution
- Trolamine Oleate Otic Solution(Compare to Cerumenex®)

Directions:

QTY: _____

Refills: 1 2 3 4 5 6 7 8 9 10 Other: _____

X _____
Prescriber's Signature Date

3 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

Pharmacy Name

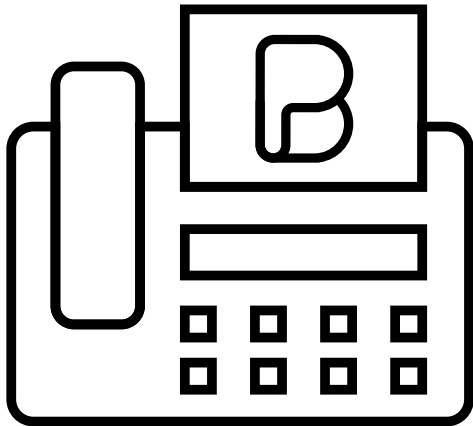
Pharmacy Fax Number

The pharmacy name & fax # cannot be pre-printed in order to comply with RI Law 216-RICR-40-15-1 section 1.3A10



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FAX COVER SHEET



Please fax your order to:

401-284-4506

3844 Post Road, Warwick RI 02886

Phone: 401 - 284 - 4505

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