



4333 Park Terrace Drive #160
 Westlake Village, CA 91361
 Phone: (805) 497-8258
 Fax: (805) 496-7099

COMPOUND PRESCRIPTION ORDER FORM

Ways to Place an Order ***Rx must be submitted by Prescribing Doctor***

1. Fax this prescription form to (805) 496-7099
2. Email this prescription form to rxorders@parkcompounding.com

Patient Information *MUST BE LEGITIMATE PATIENT SPECIFIC INFORMATION*

Name:	DOB:	Phone:
Street Address:		
City:	State:	Zipcode:
Allergies:		

Formulation: Dye-Free Doxycycline 50mg/5mL Gel
 Directions: Apply to prescription tray as directed

Quantity: 30 gm

May be refilled until: _____

Refills: _____

Prescriber Information

Name:	Phone:	
Street Address:		
City:	State:	Zipcode:
NPI #:	License #:	

Prescriber Signature: _____ Date: _____

Cost: \$70 plus \$40 overnight shipping on ice = \$110 TOTAL

Payment Information

Credit Card Number:	CVC:	Expires:
Name on Credit Card:		
Billing Street Address:	Zip Code:	
Keep credit card on file for future orders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Patient Signature: _____ Date: _____