

National Pharmacy

Phone: (323) 851-4444 | Fax: (323) 851-4445

COMPOUND PRESCRIPTION



► Patient Information

Name:	DOB:		
Address:	City:	State:	Zip:
	Phone:		

Medication Allergies:

Natural Desiccated Thyroid (NDT) Capsules

Dosage	Quantity		
<input type="checkbox"/> 16.25 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 32.5 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 48.75 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 65 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 81.25 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 97.5 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 113.75 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 130 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 146.25 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 162.5 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 195 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 260 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90
<input type="checkbox"/> 325 mg	<input type="checkbox"/> #30	<input type="checkbox"/> #60	<input type="checkbox"/> #90

SIG: Take 1 capsule by mouth every morning

Alternate Directions:

► Prescriber Information

Name:	Phone:		
Address:	City:	Zip:	
	State:		
License #:	NPI #:		

Signature: _____ Date: _____

FAX PRESCRIPTION TO: (323) 851-4445