

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Allergies: \_\_\_\_\_

**\*\* All prescriptions are intended for prescribed patient \*\***

### THYROID

Medication	Strength	Quantity	Refills
<input type="checkbox"/> WP Thyroid	<input type="checkbox"/> 16.25mg <input type="checkbox"/> 32.5mg <input type="checkbox"/> 48.75mg <input type="checkbox"/> 65mg <input type="checkbox"/> 81.25mg <input type="checkbox"/> 97.5mg	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 60 <input type="checkbox"/> __	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> __ <input type="checkbox"/> PRN <input type="checkbox"/> none
<input type="checkbox"/> Nature Thyroid	<input type="checkbox"/> 16.25 mg <input type="checkbox"/> 32.5mg <input type="checkbox"/> 48.75mg <input type="checkbox"/> 65mg <input type="checkbox"/> 81.25mg <input type="checkbox"/> 97.5mg <input type="checkbox"/> 113.75mg <input type="checkbox"/> 130mg <input type="checkbox"/> 146.25mg <input type="checkbox"/> 162.5mg <input type="checkbox"/> 195mg	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 60 <input type="checkbox"/> __	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> __ <input type="checkbox"/> PRN <input type="checkbox"/> none
<input type="checkbox"/> Armour Thyroid	<input type="checkbox"/> 15mg <input type="checkbox"/> 30mg <input type="checkbox"/> 60mg <input type="checkbox"/> 69mg <input type="checkbox"/> 90mg <input type="checkbox"/> 120mg <input type="checkbox"/> 180mg <input type="checkbox"/> 240mg <input type="checkbox"/> 300mg	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 60 <input type="checkbox"/> __	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> __ <input type="checkbox"/> PRN <input type="checkbox"/> none
<b>Directions</b>	take TAB 1 PO QAM		

Medication	Strength	Quantity	Refills
<input type="checkbox"/> Compound Thyroid USP SR (capsule)	<input type="checkbox"/> 15mg <input type="checkbox"/> 45mg <input type="checkbox"/> 50mg <input type="checkbox"/> 58mg <input type="checkbox"/> 65mg <input type="checkbox"/> 82.5mg <input type="checkbox"/> 114mg <input type="checkbox"/> 130mg <input type="checkbox"/> 150mg <input type="checkbox"/> 160mg <input type="checkbox"/> _____mg	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 60 <input type="checkbox"/> __	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> __ <input type="checkbox"/> PRN <input type="checkbox"/> none
<b>Directions</b>	take 1 CAP PO QAM		

Medication	Strength	Quantity	Refills
<input type="checkbox"/> Compounded SR (capsule)	<input type="checkbox"/> T3: ____ <input type="checkbox"/> T4: ____	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 60 <input type="checkbox"/> __	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> __ <input type="checkbox"/> PRN <input type="checkbox"/> none
<b>Directions</b>	<input type="checkbox"/> take 1 CAP PO QAM <input type="checkbox"/> take 1 CAP 1 PO Q 12 H		

Additional Sig:

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_

DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervising Physician: \_\_\_\_\_ DEA #: \_\_\_\_\_

RPS2020



Office: (855) 277-2488 Fax: (888) 689-9892