

Weight Loss



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Please Send Patient Demographics
Along With New Prescription Orders,
Including List of Patient Allergies &
Insurance Information/Social Security
#

Patient Name: _____ Date of Birth: _____

Address: _____ Patient Phone: _____

Prescriber Name: _____ Person Faxing Request: _____

Prescriber Phone: _____

Prescriber DEA: _____ NPI: _____

Prescriber Fax: _____

**** Ingredients may be modified, adjusted, or excluded upon request of the prescriber, this form represents the most commonly used formulations ****

Phenocarbithin Combinations

- ☐ **Phenocarbithin Plus 15/50/10 Sustained-Release Cap (Phentermine 15/Topiramate 50/Carbidopa 10 mg)**

Directions: Take 1 capsule by mouth once every morning as directed

Quantity: _____ Refills: _____

- ☐ **Phenocarbithin XL 37.5/100/10 Sustained-Release Cap (Phentermine 37.5/Topiramate 100/Carbidopa 10 mg)**

Directions: Take 1 capsule by mouth once every morning as directed

Quantity: _____ Refills: _____

- ☐ **Phenocarbithin NT 15/10 Sustained-Release Cap (Phentermine 15/Carbidopa 10 mg)**

Directions: Take 1 capsule by mouth once every morning as directed

Quantity: _____ Refills: _____

- ☐ **Phenocarbithin XLNT 37.5/10 Sustained-Release Cap (Phentermine 37.5/Carbidopa 10 mg)**

Directions: Take 1 capsule by mouth once every morning as directed

Quantity: _____ Refills: _____

For patients with Phentermine Sensitivities or Cardiac Concerns

Diethylcarbithin Combinations

- ☐ **Diethylcarbithin Plus 37.5/50/10 Sustained-Release Cap (Diethylpropion 37.5/Topiramate 50/Carbidopa 10 mg)**

Directions: Take 1 capsule by mouth once every morning as directed

Quantity: _____ Refills: _____

- ☐ **Diethylcarbithin XL 75/100/10 Sustained-Release Cap (Diethylpropion 75/Topiramate 100/Carbidopa 10 mg)**

Directions: Take 1 capsule by mouth once every morning as directed

Quantity: _____ Refills: _____

- ☐ **Diethylcarbithin NT 37.5/10 Sustained-Release Cap (Diethylpropion 37.5 /Carbidopa 10 mg)**

Directions: Take 1 capsule by mouth once every morning as directed

Quantity: _____ Refills: _____

- ☐ **Diethylcarbithin XLNT 75/10 Sustained-Release Cap (Diethylpropion 75/Carbidopa 10 mg)**

Directions: Take 1 capsule by mouth once every morning as directed

Quantity: _____ Refills: _____

Prescriber Signature: _____ **Date:** _____