

COMPOUNDED INJECTION PRESCRIPTION ORDER

PRESCRIBER INFORMATION

Practice Name		
Street Address		
City	State	Zip
Phone	Fax	

PATIENT INFORMATION

Name		DOB
Street Address		
City	State	Zip
Phone	Email	
Allergies	Sex	

RX: BIOBOOST PLUS 25/50/50/25/0.5/15/15/1 MG/ML INJECTION

Please choose Sig:		DISPENSE: 10mL or 30mL		
☐	Inject 1ML subcutaneously or intramuscularly once per week	10 mL	30 mL	Injection Route Preferred
☐	Inject 1ML subcutaneously or intramuscularly twice per week			
☐	Inject 1ML subcutaneously or intramuscularly three times per week			
☐		\$75	\$175	IM
☐	<u>COMPONENTS INCLUDE:</u> METHIONINE/INOSITOL/CHOLINE			SC
☐	CHLORIDE/B6/B12/L-CARNITINE/L-ARGININE/LIDOCAINE			
☐	25/50/50/25/0.5/15/15/1 MG/ML			
Recalls: _____ Pharmacy to dispense appropriate volume and quantity of U-100 syringes/needles.		Vial expires 28 days after first puncture by patient		

PRESCRIBER SECTION

Prescriber Name		
Prescriber Signature		
NPI	State Lic.	Date/Time

Form provided by Lake Country Compounding & Wellness - Fax to 762-777-7002