

**Quality Compounding & Specialty RX**  
**7160 Warren Sharon Rd**  
**Brookfield, Oh, 44403**  
Phone 330-505-1064 Fax 330-505-1068  
**COMPOUND PRESCRIPTION REQUEST**

Doctor Office Name & Phone: \_\_\_\_\_.

Doctor Office Phone #: \_\_\_\_\_ Person Faxing Form: \_\_\_\_\_.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_.

Patient Phone #: \_\_\_\_\_ Patient Address: \_\_\_\_\_.

**Compounded Rx**

Doctor Sig: \_\_\_\_\_ Date \_\_\_\_\_ Refills \_\_\_\_\_

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Please Include Current Medication & Allergy List