

## 191 ROCK RD, GLEN ROCK, NJ 07452

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## **SYNAPSIN & METHYLENE BLUE PRESCRIPTION ORDER FORM**

Patient Name	Prescriber Name	
Date of Birth	Office Phone #	
Phone #	Office Fax #	
Street Address	Street Address	
City, State, Zip	City, State, Zip	
Allergies	NPI	
Email	DEA	

## Synapsin (RG3-Nicotinamide Riboside) – Methylcobalamin 2mg/mL Nasal Spray

Directions:	Directions: Direct							
	Other:							
Quantity: <u>OR</u>	15mL	30mL	Other:	_mL				
Day Supply	: 30 Day Supply	60 Day Supply	Other:	_Day Supply				
Refills: Methyler	As needed for 1 year							
Initial Titration: Take 1 capsule (25mg) every other day for 7 days, then 1 capsule (25mg) once daily for 7 days, then 2 capsules (50mg) once daily for 14 days.								
Initial Low Dose Titration: Take 1 capsule (10mg) every other day for 7 days, then 1 capsule (10mg) once daily for 7 days, then 2 capsules (20mg) once daily for 7 days, then 3 capsules (30mg) once daily for 7 days								
Dose:  10mg 25mg 50mg 100 mg OR mg    Directions:  Take 1 capsule by mouth once a day  Take 1 capsule by mouth twice a day    Other:								
Quantity:	60 Capsules	120 Capsules	180 Capsules	Other:	_Capsules			
<u>or</u> Day Supply	: 30 Day Supply	60 Day Supply	90 Day Supply	Other:	_Day Supply			
<b>Refills</b> :	<b></b> #							
Prescriber	Signature:			Date Written:				