

# Thyroid Order Form

(Please Call or Fax the Completed Form)

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please Compound the Following Strength of Natural T4/T3

Qty	Dosage / mg	Dosage in /Gr.	T4/T3
	15mg	1/4 Gr.	9.5mcg/2.25mcg
	30mg	1/2 Gr.	19mcg/4.5mcg
	45mg	3/4 Gr.	28.5mcg/6.75mcg
	60mg	1 Gr.	38mcg/9mcg
	90mg	1.5 Gr.	57mcg/13.5mcg
	120mg	2 Gr.	76mcg/18mcg
	150mg	2.5 Gr.	95mcg/22.5mcg
	180mg	3 Gr.	114mcg/27mcg
	210mg	3.5 Gr.	133mcg/31.5mcg
	240mg	4 Gr.	152mcg/36mcg

Sig: Take \_\_\_\_\_ Capsule(s) \_\_\_\_\_ Time(s) a day. Refill: \_\_\_\_\_

## Custom Formulate T4/T3 combinations:

T4 \_\_\_\_\_ Mcg + T3 \_\_\_\_\_ Mcg Qty: \_\_\_\_\_  SR Capsule  Regular Capsule

Sig: Take \_\_\_\_\_ Capsule(s) \_\_\_\_\_ Time(s) a day. Refill: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Tel# :(\_\_\_\_\_) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ DEA# \_\_\_\_\_

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