Santa Ana Tustin Compounding Pharmacy

SANTA ANA TUSTIN COMPOUNDING PHARMACY (SATCRx)

801 N Tustin Ave STE 100, Santa Ana, CA 92705
Phone (714) 547-3949 Fax (714) 547-3244
satcrx.com · Monday–Friday, 9:30 am–5:30 pm

ORAL MUCOSITIS TREATMENTS

PRESCRIPTION ORDER FORM · RX-01

PATIENT

PATIENT NAME	DATE OF BIRTH	PHONE

ADDRESS	ALLERGIES

MEDICATION — CHECK EACH ITEM TO DISPENSE

☐ **1) Miracle Mouthwash**

60 mL Tetracycline (125 mg/5 mL)
30 mL Mycostatin oral suspension (100,000 units/mL)
30 mL Hydrocortisone oral suspension (_____)
240 mL Benadryl syrup (12.5 mg/5 mL)

QTY TO BE DISPENSED ☐ 360 mL REFILLS _____

SIG Swish and swallow/swish and spit 2 teaspoonful four times daily

☐ **2) Magic Mouthwash (equal parts)**

Nystatin (100,000 units/mL)
Benadryl 12.5 mg/5 mL
Maalox
Lidocaine viscous 2%

QTY TO BE DISPENSED ☐ 120 mL ☐ 240 mL REFILLS _____

SIG Swish and swallow/swish and spit 1 teaspoonful every 6 hours as needed

REASON FOR COMPOUNDED PREPARATION (OPTIONAL, E.G. ALLERGY, DOSAGE FORM, STRENGTH NOT COMMERCIALLY AVAILABLE)

PHYSICIAN

PHYSICIAN NAME	LICENSE TYPE AND #	NPI	DEA #

PHONE	FAX	OFFICE ADDRESS

PHYSICIAN SIGNATURE	DATE

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COMPOUNDED/HORMONE REPLACEMENT THERAPY

PRESCRIPTION ORDER FORM · RX-02

PATIENT

PATIENT NAME	DATE OF BIRTH	PHONE

ADDRESS	ALLERGIES

MEDICATION — CHECK EACH ITEM TO DISPENSE

☐ 1) Testosterone Cream C-III STRENGTH _____ mg/g REFILLS _____
QTY ☐ 30 grams ☐ 60 grams ☐ 100 grams SIG _____

☐ 2) Progesterone IR/SR Caps RELEASE ☐ IR ☐ SR STRENGTH _____ mg
QTY ☐ #30 ☐ #60 ☐ #90 REFILLS _____ SIG _____

☐ 3) Progesterone Cream STRENGTH _____ mg/g REFILLS _____
QTY ☐ 25 grams ☐ 50 grams ☐ 100 grams ☐ 150 grams
SIG _____

☐ 4) Biest Caps
(E3 80 % / E2 20 %)
STRENGTH ☐ 2.5 mg ☐ 5 mg QTY ☐ #30 ☐ #60 ☐ #90 REFILLS _____
SIG _____

☐ 5) Biest Cream
(E3 80 % / E2 20 %)
STRENGTH _____ mg/g QTY ☐ 30 grams ☐ 60 grams ☐ 100 grams REFILLS _____
SIG _____

REASON FOR COMPOUNDED PREPARATION (OPTIONAL, E.G. ALLERGY, DOSAGE FORM, STRENGTH NOT COMMERCIALLY AVAILABLE)

Testosterone is Schedule III: include the physician's DEA # and e-prescribe (EPCS) where California requires it.

PHYSICIAN

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COMPOUNDED FACE CREAMS

PRESCRIPTION ORDER FORM · RX-03

PATIENT

PATIENT NAME	DATE OF BIRTH	PHONE

ADDRESS	ALLERGIES

MEDICATION — CHECK EACH ITEM TO DISPENSE

☐ **1) Brightening Cream**
(7% hydroquinone/3% kojic acid/0.05% RA/1% hydrocortisone)

QTY ☐ 30 g ☐ 60 g REFILLS _____

SIG Apply to clean skin every other night. SPF 30 must be used/do not exceed 4 months

☐ **2) R-A (Retinoic Acid) 0.05% Cream** QTY ☐ 30 g ☐ 60 g

REFILLS _____

SIG Apply to clean skin every other night. SPF 30 must be used while on this product.

☐ **3) Estriol 0.3% Cream** QTY ☐ 30 g ☐ 60 g REFILLS _____

SIG Apply to fine lines of face and lips twice a day.

☐ **4) Estriol 0.3%/Tretinoin 0.01% Cream** QTY ☐ 30 g ☐ 60 g

REFILLS _____ SIG Apply as directed to fine lines and wrinkles daily.

REASON FOR COMPOUNDED PREPARATION (OPTIONAL, E.G. ALLERGY, DOSAGE FORM, STRENGTH NOT COMMERCIALLY AVAILABLE)

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HEMORRHOIDS/ANAL FISSURES

PRESCRIPTION ORDER FORM · RX-04

PATIENT

PATIENT NAME	DATE OF BIRTH	PHONE

ADDRESS	ALLERGIES

MEDICATION — CHECK EACH ITEM TO DISPENSE

☐ 1) Diltiazem 2% Ointment QTY TO BE DISPENSED ☐ 30 grams ☐ 60 grams

REFILLS _____ SIG Apply a small amount 4 times daily

☐ 2) Diltiazem 2%/Lidocaine 2% Ointment

QTY TO BE DISPENSED ☐ 30 grams ☐ 60 grams REFILLS _____

SIG Apply a small amount topically 2 times daily

☐ 3) Nitroglycerin 0.125% Ointment

QTY TO BE DISPENSED ☐ 30 grams ☐ 60 grams REFILLS _____

SIG

☐ 4) Nitroglycerin 0.2% Ointment QTY TO BE DISPENSED ☐ 30 grams ☐ 60 grams

REFILLS _____ SIG

☐ 5) Nitroglycerin 0.3% Ointment QTY TO BE DISPENSED ☐ 30 grams ☐ 60 grams

REFILLS _____ SIG

REASON FOR COMPOUNDED PREPARATION (OPTIONAL, E.G. ALLERGY, DOSAGE FORM, STRENGTH NOT COMMERCIALLY AVAILABLE)

PHYSICIAN

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PAIN MANAGEMENT COMPOUNDING

PRESCRIPTION ORDER FORM · RX-06

PATIENT

PATIENT NAME	DATE OF BIRTH	PHONE

ADDRESS	ALLERGIES

MEDICATION — CHECK EACH ITEM TO DISPENSE

☐ 1) Low-Dose Naltrexone Caps

STRENGTH ☐ 0.5 mg ☐ 1 mg ☐ 2 mg ☐ 3 mg ☐ 3.5 mg ☐ 4.5 mg ☐ 6 mg

QTY ☐ #30 ☐ #60 ☐ #90 REFILLS _____

SIG

☐ 2) Low-Dose Naltrexone with Magnesium Glycinate Caps

STRENGTH ☐ 0.5 mg ☐ 2 mg ☐ 3 mg ☐ 4.5 mg

QTY ☐ #30 ☐ #60 ☐ #90 REFILLS _____

SIG

REASON FOR COMPOUNDED PREPARATION (OPTIONAL, E.G. ALLERGY, DOSAGE FORM, STRENGTH NOT COMMERCIALLY AVAILABLE)

PHYSICIAN

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PHONE	FAX	OFFICE ADDRESS

PHYSICIAN SIGNATURE	DATE

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GENERAL COMPOUND PRESCRIPTION

PRESCRIPTION ORDER FORM · RX-05

PATIENT

PATIENT NAME	DATE OF BIRTH	PHONE

ADDRESS	ALLERGIES

MEDICATION

DRUG NAME(S) AND STRENGTH(S)

DOSAGE FORM

☐ Capsule ☐ Cream ☐ Gel ☐ Ointment ☐ Troche ☐ Oral suspension ☐ Oral solution
☐ Suppository ☐ Other _____

QTY TO BE DISPENSED	REFILLS

SIG (DIRECTIONS)

REASON FOR COMPOUNDED PREPARATION (OPTIONAL, E.G. ALLERGY, DOSAGE FORM, STRENGTH NOT COMMERCIALLY AVAILABLE)

PHYSICIAN

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PHYSICIAN SIGNATURE	DATE

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