

**GENERAL  
COMPOUND  
PRESCRIPTION  
ORDER FORM**



**PSC PHARMACY**

PARK SPECIALTY COMPOUNDING

23510 KINGSLAND BLVD # 104

KATY, TEXAS 77494

PHONE: 281-665-8899

FAX: 281-665-8897

DATE:

**[PATIENT INFORMATION]**

PATIENT NAME:

DATE OF BIRTH:

PHONE NUMBER:

**[PHYSICIAN INFORMATION]**

NAME:

PHONE NUMBER:

DEA:

**[RX]**

MEDICATION:

STRENGTH:

DISPENSE QTY:

REFILLS:

SIG:

- |                                     |                                     |                                      |                                       |
|-------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Capsule    | <input type="checkbox"/> Cream       | <input type="checkbox"/> Troche       |
| <input type="checkbox"/> Injectable | <input type="checkbox"/> Ophthalmic | <input type="checkbox"/> Suppository | <input type="checkbox"/> Powder       |
| <input type="checkbox"/> Solution   | <input type="checkbox"/> Ointment   | <input type="checkbox"/> Gel         | <input type="checkbox"/> Other: _____ |

PRESCRIBER'S SIGNATURE:

**WE WILL CONTACT THE PATIENT UPON THE RECEIPT OF THE  
PRESCRIPTION ORDER FORM TO VERIFY PRICE, PAYMENT OPTIONS,  
AND DELIVERY. THANK YOU!**