



Phone: 800.279.5708 | Fax: 800.635.1229
Naturopathic Practitioner Fax: 800.330.0268

Patient Name: _____ Date: _____

Patient DOB: _____

Prescriber Name: _____ Fax: _____

Attention Prescriber:

A pharmacy may not compound certain drugs with a manufactured form available unless the prescriber specifically orders the strength or dosage form and specifies why the patient needs the particular strength or dosage form of the preparation.

Please sign below to comply with the U.S. Food & Drug Administration.¹

I understand and agree a compounded form of the medication is being ordered and will be dispensed. I know an FDA approved and manufactured form of this drug is available and I have determined the relevant change in the compounded form of this medication will produce a significant difference for the patient –e.g., an allergy or intolerance to inactive ingredient(s), a need for a different dosage form or strength, a need for a different method of administration, or other.

Prescriber Signature: _____ Date: _____

¹ Section 503A of the Federal Food, Drug, & Cosmetic Act, 21 U.S.C.A. § 353a(b)(1)(D); Food and Drug Administration Center for Drug Evaluation and Research (2018), Guidance for Industry: Compounded Drug Products That Are Essentially Copies of a Commercially Available Drug Product Under Section 503A of the Federal Food, Drug, and Cosmetic Act.