



Compounding Pharmacy

Unique Medications For Your Individual Patients

DATE _____
NAME _____ PHONE _____ D.O.B _____
Allergies _____
Address _____ CITY _____ STATE _____ ZIP _____
DELIVERY METHOD: PICK UP _____ OVERNIGHT _____ 2ND DAY _____

Rx

Cholestyramine 400mg capsules
Glutathione 100mg/ml inhalation solution
Glutathione 6% nasal spray
Methionine 8mg/ml choline 17mg/ml/Inositol 17mg/ml/Cyanocobalamin 330 mcg/ml injection solution

RX NASAL COMPOUNDS:

Mupirocin 0.2% Nasal Spray
Gentamicin/ NA CL Nasal Irrigation
Amphotericin B Nasal Spray
Fluconazole/ Gentamycin Nasal Spray
Itraconazole 0.1% Nasal Spray
Ketaconazole 2% Nasal Spray

QTY ML Refills 1/2/3/4/5/PRN
Sig: _____
Refills 1/2/3/4/5/PRN Physician's signature _____ DEA _____

PLEASE FAX TO 805 733 2061
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