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Compounded Formulas for Bacterial Vaginosis Rx Template

Patient's Name:		DOB:_		
Patient's Address:	City:	State	, Zip:	
Patient's Phone:	Drug Allergie	s:		
Formulation Selection (c	hoose one by checking the	corresponding bo	ox)	
Boric Acid 600mg C	apsules (for Vaginal Insertio	n)		
Boric Acid 600mg V	aginal Suppositories			
Clindamycin 100mg	g-Vitamin E 200IU Vaginal Su	uppository		
Metronidazole 125	mg/mL-Nystatin 25,000 U/n	nL Vaginal Cream		
Quantity Selection (choo	se a dispense quantity by c	hecking the corre	sponding box)	
14 each	21 each 28 e	ach	each	
Directions for Use (Choose	se pre-worded directions below	w or manually enter	directions for us	
Insert 1 capsule/su	ppository/mL vaginally ever	y evening at bedti	me fordays	
Refills?				
Refill time(s)	No Refills			
escriber's Name:		Date:		
escriber's Street Address:				
escriber's Phone Number:	Name of pe	Name of person submitting order:		

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com