Northwest Compounders

8505 SW Creekside Place Suite 110, Beaverton, OR 97008
www.northwestcompounders.com | info@northwestcompounders.com
P: 503-352-3811 | F: 503-624-0591

Compounded Formulas for Thyroid Replacement Rx Template

Patient's Name:_____DOB:_____

Patient's Address:_____ City: _____ State _____, Zip:_____

Patient's Phone: _____ **Drug Allergies:** _____

Formulation Selection (choose one by checking the corresponding box)

Porcine Thyroid

☐ Porcine Thyroid IR Capsules ☐ 32.5mg ☐ 65mg ☐ 130mg ☐ ____mg

☐ Porcine Thyroid SR Capsules ☐ 32.5mg ☐ 65mg ☐ 130mg ☐ ____mg

T3-T4 (Liothyronine and Levothyroxine). Select SR or IR then select T3 monotherapy or T3-T4 combination therapy by checking the appropriate boxes below.

☐ **Sustained Release Capsules (SR) OR**		☐ **Immediate Release Capsules (IR)**			
☐ **Liothyronine (T3)**	☐ _____MCG	☐ 5MCG ☐ 7.5MCG	☐ 10MCG ☐ 12.5MCG	☐ 15MCG ☐ 20MCG	☐ 25MCG ☐ 50MCG
☐ **Levothyroxine (T4)**	☐ _____MCG	☐ 40MCG ☐ 50MCG	☐ 60MCG ☐ 70MCG	☐ 80MCG ☐ 90MCG	☐ 100MCG ☐ 200MCG

Quantity

☐ 30 Caps ☐ 60 Caps ☐ 90 Caps ☐ 120 Caps ☐ ____Caps

Directions for Use (Choose pre-worded directions below or manually enter directions for use)

☐ Take one capsule PO QAM 30 minutes prior to meals.

☐

Refills: 0—1—2—3—4—5—PRN

Prescriber's Name:_____ Date:_____

Prescriber's Street Address:_____ City:_____State:_____Zip:_____

Prescriber's Phone Number:_____ Name of person submitting order:_____

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