

Preferred Compounding Pharmacy
17019 Chatsworth Street
Granada Hills, CA 91344
Phone: (818) 306-5006
Fax: (818) 306-5007

Delivery Pick Up Ship to Patient Ship to Doctor

Patient Information: Name: _____ Date: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone No _____ Date of Birth: _____ Allergies: _____
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Prescribers Information: Name: _____ Phone No: _____ Fax No: _____ DEA and/or NPI No: _____ License No: _____ Address if first time ordering: _____
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Prescription:

Drug	Strength	Dosage Form	Qty
Sig			Refills

Doctor's Signature: _____