

**PHYSICIANS COMPOUNDING PHARMACY**

1900 S. Telegraph Rd, Suite 102  
Bloomfield Hills, MI 48302

**Phone: 866-758-9100 Fax: 248-758-1831**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Compounded Cosmeceutical Script:**

	<b>Dose</b>	<b>(Usual Range)</b>
<b>Alpha Lipoic Acid</b>	_____	<b>(1-10%)</b>
<b>CoQ10</b>	_____	<b>(0.5-1%)</b>
<b>DMAE</b>	_____	<b>(1-5%)</b>
<b>Estriol</b>	_____	<b>(0.1-0.3%)</b>
<b>Melatonin</b>	_____	<b>(0.2-2%)</b>
<b>Neuropeptides</b>		
<b>Palmityl-Pentapeptide</b>	_____	<b>(3-8%)</b>
<b>Acetyl-hexapeptide</b>	_____	<b>(2-8%)</b>
<b>Polyenylphosphatidyl</b>		
<b>Choline</b>	_____	<b>(0.5-2)</b>
<b>Tocotrienols</b>	_____	<b>(0.1-1%)</b>
<b>Vitamin A</b>	_____	<b>(1-6%)</b>
<b>Vitamin C Ester</b>	_____	<b>(1-20%)</b>

**Other** \_\_\_\_\_  
\_\_\_\_\_

**SIG:** \_\_\_\_\_

**Qty:** \_\_\_\_\_ **Refills:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **DEA Number:** \_\_\_\_\_