GENESIS COMPOUNDING

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T-PRIME365 25mg solution ORDER FORM

Patient Information			
Last Name:	First Name:	MI:	
Address:			Apt#:
City:	State:	Zip:	Phone#:
DOB (mm/dd/yyyy):	Sex: M ☐ F ☐	Email:	
Drug Allergies:			ICD-10:
Home Medications:			
Prescriber Information			
Prescriber's Name:			
Phone#:		Fax#:	
Address:			
City:		State:	Zip:
NPI:		DEA:	
Check box for either: ☐ Patient pay ☐ Clinic Pay		**Delivery address:** ☐ Patient ☐ Clinic	
TPRIME365 Dose			
Write the intended dose below. Titration will then increase according to schedule, followed by a maintenance dose.			
TPRIME365 25mg			

Directions	Bottle Size	# of Bottles	Day Supply	# of Refills
Every morning, place 1 dropperful (1mL) under the tongue and let it sit for 30-60 seconds before swallowing. _____	☐ 30mL Bottle NDC: 82393050405 ☐ _____			

Date: _____ Signature: _____