

The COMPOUNDING PHARMACY of Beverly Hills
Phone: (310) 284-8675 Fax: (310) 284-8680
Toll-Free: (888) 799-0212

New & Refill Prescription ORDER FORM

Patient Information:

Patient's Name (required) _____
Address (required) _____
City, State, and ZIP (required) _____
Daytime Phone with Area Code (required) _____
Additional Phone with Area Code (optional) _____
E-mail (required) _____
Prescription # (required for refills) _____
Name of Drug (optional) _____
New Prescriptions(s) (optional): ___Yes ___No

Upon receipt of this request for a new prescription, we will contact you.

Doctor's Information

Doctor's Name (required) _____
Doctor's Phone with Area Code (required) _____
Drug Requested (optional) _____
Comments and Questions _____

Credit Card Information (optional)

If you choose to pay for your prescription by credit card, you must include the fields below, which are all required.

Select One: ___MasterCard ___Visa ___Amex
Name As It Appears on Credit Card _____
Credit Card # _____
Expiration Date _____

Fax to (310) 284-8680