

DOCTOR'S DETAILS		PATIENT DETAILS	
DATE:		PATIENT'S ADDRESS:	
DOCTOR'S NAME:		PATIENT'S NAME:	
PRESCRIBER NO:		PHONE NUMBER:	
PHONE:	FAX:	DOB:	WEIGHT:

Compounded PRIMERS & PROMOTERS Capsules	QUANTITY *	DIRECTIONS	REPEATS
<input type="checkbox"/> Primer 25 mg capsule (1/2 Strength) <input type="checkbox"/> Tick for Manganese-Free	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 180 caps	Children: Half to one capsule daily.	
<input type="checkbox"/> Primer 50 mg capsule <input type="checkbox"/> Tick for Manganese-Free	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 180 caps	Children: Half to one capsule daily. Adults: one capsule daily.	
<input type="checkbox"/> Primer Plus capsule <input type="checkbox"/> Tick for Manganese-Free	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 180 caps	Children: Half to one capsule daily. Adults: one capsule daily.	
<input type="checkbox"/> Primer Pyrrole <input type="checkbox"/> Tick for Manganese-Free	<input type="checkbox"/> 60 <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> 240 <input type="checkbox"/> 300 <input type="checkbox"/> 360 caps	Children: Half to one capsule once or twice a day. Adults: one capsule twice a day.	
<input type="checkbox"/> Primer Metabolic (with extra B Group vitamins) <input type="checkbox"/> Tick for Manganese-Free	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 180 caps	Children: Half to one capsule daily. Adults: one capsule daily.	
<input type="checkbox"/> Primer Pyrrole Metabolic <input type="checkbox"/> Tick for Manganese-Free	<input type="checkbox"/> 60 <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> 240 <input type="checkbox"/> 300 <input type="checkbox"/> 360 caps	Children: Half to one capsule once or twice a day. Adults: one capsule twice a day.	
<input type="checkbox"/> Primer Undermethylating <input type="checkbox"/> Tick for Manganese-Free	<input type="checkbox"/> 60 <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> 240 <input type="checkbox"/> 300 <input type="checkbox"/> 360 caps	Children: Half to one capsule once or twice a day. Adults: one capsule twice a day.	



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OTHER COMPOUNDING MEDICINES	QUANTITY *	DIRECTIONS	REPEATS
<input type="checkbox"/> Inositol capsules <input type="checkbox"/> 500 mg OR <input type="checkbox"/> 650 mg	<input type="checkbox"/> 100 caps <input type="checkbox"/> 200 caps		
<input type="checkbox"/> Calcium 250mg / Magnesium 125mg capsules	<input type="checkbox"/> 100 caps <input type="checkbox"/> 200 caps <input type="checkbox"/> 300 caps		
<input type="checkbox"/> Calcium 600mg / Magnesium 300mg per 15ml Liquid	437 mLs		
<input type="checkbox"/> SAM-E 200 mg EC capsules <input type="checkbox"/> SAM-E 200 mg EC K100 capsules	<input type="checkbox"/> 60 caps <input type="checkbox"/> 120 caps <input type="checkbox"/> 180 caps <input type="checkbox"/> 240 caps <input type="checkbox"/> 300 caps <input type="checkbox"/> 360 caps (Refrigerate)		
<input type="checkbox"/> Methylcobalamin (B12) <input type="checkbox"/> 4mg Troches <input type="checkbox"/> 5mg Troches	30 Troches (Refrigerate)		
<input type="checkbox"/> Bethanechol <input type="checkbox"/> capsule ÷ ÷ ÷ mg OR <input type="checkbox"/> suspension ÷ ÷ ÷ mg/mL		Age Suggested Dose 2-3 y.o 1-2 mg BD 5 y.o 4 mg BD 10-12 y.o 5 mg BD Adult (>12) 10 mg BD	

