

**NON-STERILE COMPOUNDING
REFERRAL FORM**

HOMETECH ADVANCED THERAPIES
Fax Referral To: 855-884-9283
Phone: 855-494-3121



Date: _____

PATIENT INFORMATION

Patient Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Alternate Phone: _____
Date of Birth: _____ Gender: M F

PRESCRIBER INFORMATION

Prescriber Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
DEA#: _____ NPI#: _____
Contact Person: _____

DIAGNOSIS & TREATMENT HISTORY

Primary Diagnosis: _____ Allergies: _____

Previously on Treatment? No, patient is naïve Yes If yes, patient received: _____

Non-Sterile Compounding Formulas

- | | |
|---|--|
| <input type="checkbox"/> Nitroglycerin 0.125% 30 grams | <input type="checkbox"/> Diltiazem 2% 30 grams |
| <input type="checkbox"/> Nitroglycerin 0.125% 60 grams | <input type="checkbox"/> Diltiazem 2% 60 grams |
| <input type="checkbox"/> Nitroglycerin 0.125% / Lidocaine 5% 30 grams | <input type="checkbox"/> Diltiazem 2% / Lidocaine 5% 30 grams |
| <input type="checkbox"/> Nitroglycerin 0.125% / Lidocaine 5% 60 grams | <input type="checkbox"/> Diltiazem 2% / Lidocaine 5% 60 grams |
| <input type="checkbox"/> Nitroglycerin 0.2% 30 grams | <input type="checkbox"/> Nifedipine 0.5% 30 grams |
| <input type="checkbox"/> Nitroglycerin 0.2% 60 grams | <input type="checkbox"/> Nifedipine 0.5% 60 grams |
| <input type="checkbox"/> Nitroglycerin 0.2% / Lidocaine 5% 30 grams | <input type="checkbox"/> Nifedipine 0.5% / Lidocaine 5% 30 grams |
| <input type="checkbox"/> Nitroglycerin 0.2% / Lidocaine 5% 60 grams | <input type="checkbox"/> Nifedipine 0.5% / Lidocaine 5% 60 grams |
| <input type="checkbox"/> Nitroglycerin 0.4% / Lidocaine 5% 30 grams | |
| <input type="checkbox"/> Nitroglycerin 0.4% / Lidocaine 5% 60 grams | |

SIG: _____

Quantity: _____ **Refills:** _____

Other/Notes: _____

Prescriber Signature: _____ **DAW (Dispense as Written) Date:** _____

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