



This standardized order form is designed to support accurate, safe, and efficient prescribing of customized compounded medications. Please review the instructions below carefully before completing or submitting the form.

For Prescriber:

Prescribers have two options to create a prescription (Rx) for their patients:

Option A: Manual Prescription Form

Complete the prescription form provided below by entering all required information, including:

- Selecting the formulation
- Choosing directions for use
- Completing patient information
- Filling in prescriber details
- Signing and dating the form

Once all details are completed, please download the form and fax it to us at (469) 372-6847.

Option B: Provider Portal

We also offer a secure Provider Portal where prescribers can register and create prescriptions online for their patients.

Please visit: <https://provider.uptownrxpharmacy.com/>

After registering, our team will review, verify, and approve your account. Once approved, you will be able to:

- Create prescriptions online
- Select desired products/formulations
- Manage patient records and create orders
- Add staff members to your account
- Assign permissions to staff members
- Communicate directly with staff through the built-in chat system
- Manage and control all operations from one centralized dashboard

Note: *The portal is fully secure, end-to-end encrypted, and HIPAA compliant.*

For Patients & Caregivers:

Patients may also complete this form by filling in only their designated information. Once the patient has entered their details, the form should be forwarded to their prescriber to complete the remaining required sections, including medication formulation, prescriber information, signature, and date.

Patients are not permitted to complete the prescriber section themselves, as a valid prescriber signature and details are required for processing the prescription.

Please note that forms submitted without authorized prescriber information and signature may be rejected by Uptown Pharmacy.

1
Patient Information

First Name _____ Last Name _____

Email _____ Phone _____

Sex Male Female DOB (MM/DD/YYYY) _____

Street Address _____

City/State/Zip _____ Allergies _____ NKDA

2
Compounds

IVERMECTIN				
Compound	Dosage Form	Quantity	Directions	Refills
<u>Ivermectin</u> <input type="checkbox"/> 15mg <input type="checkbox"/> 30mg <input type="checkbox"/> 45mg <input type="checkbox"/> 60mg <input type="checkbox"/> 75mg <input type="checkbox"/> 90mg <input type="checkbox"/> Other _____ mg	Capsules	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 360 <input type="checkbox"/> Other _____	<input type="checkbox"/> Take one capsule by mouth once a day.	1 2 3 4 5
MEBENDAZOLE				
Compound	Dosage Form	Quantity	Directions	Refills
<u>Mebendazole</u> <input type="checkbox"/> 222mg <input type="checkbox"/> 444mg <input type="checkbox"/> Other _____ (multiples of 222mg)	Capsules	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 360 <input type="checkbox"/> Other _____	<input type="checkbox"/> Take one capsule by mouth once a day. <input type="checkbox"/> Take one capsule by mouth twice a day.	1 2 3 4 5

3
Prescriber Information

Prescriber's Name _____ Office Contact Name _____

NPI # _____ DEA # _____

Street Address _____

City/State/Zip _____ Phone _____ Fax _____

Prescriber's Signature _____ Date (MM/DD/YYYY) _____

Please fax the form to: (469) 372-6847

DISCLAIMER

This form is for licensed prescribers only. By submitting, the prescriber confirms all information is accurate, medically necessary, and compliant with applicable laws. Unauthorized use or disclosure of patient information is strictly prohibited.