



R

Date

PRESCRIBER INFO

Business Name

Prescriber Name DEA Number

Address City State Zip Code

Phone E-mail

PATIENT INFO

Name D.O.B

Address City State Zip Code

Phone E-mail Weight

Allergies

PRESCRIPTION INFO

Medication (Generic or Name Brand) (Include all Active Ingredients)

Dosage Form (Capsule, gel, cream, lozenge, suppository, drops, injectable, etc.) Strength Quantity

Sig Refills

If Applicable, Please Include a "Reason for Compounding" or Any Special Instructions

Signature

VPI Compounding
7265 S Revere Pkwy, Ste. 902
Centennial, CO 80112-6787

Phone:
Toll Free: 877.374.0383
720.389.7597 (phone)
720.476.4105 (fax)

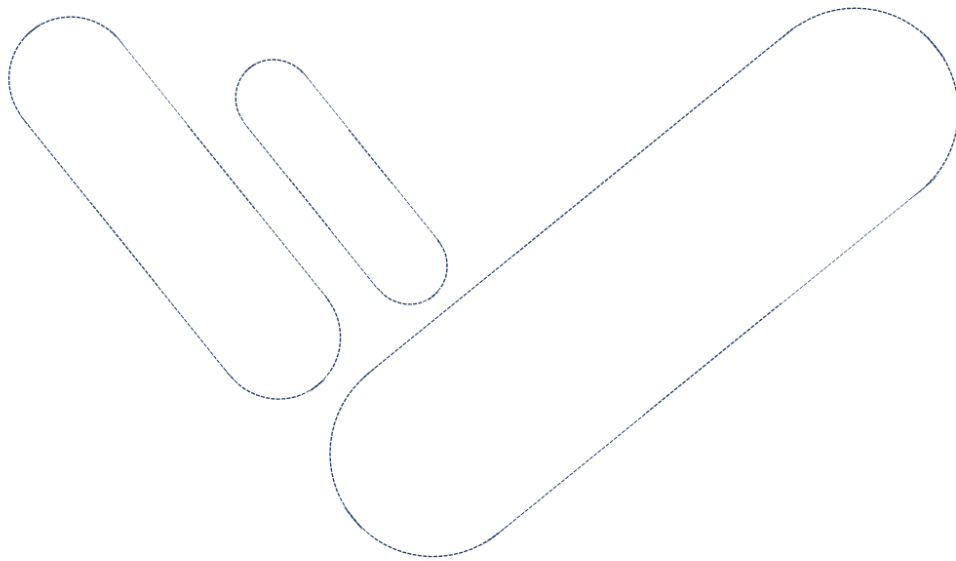
Hours:
Monday – Friday, 9:00am – 5:00pm
Closed weekends and all major holidays.
Onsite consults by appointment only



V P I COMPOUNDING
PHARMACY

& Fax: 720-476-4105

*Prescription form must be faxed
from prescriber's office to be valid



VPI Compounding

7265 S Revere Pkwy, Ste. 902
Centennial, CO 80112-6787

Phone:

Toll Free: 877.374.0383
720.389.7597 (phone)
720.476.4105 (fax)

Hours:

Monday – Friday, 9:00am – 5:00pm
Closed weekends and all major holidays.
Onsite consults by appointment only