

Supplement Formulations

Patient Name _____ Cell Phone _____ Date of Birth _____
Parents Name and Cell Phone if Prescribing for a Minor _____ Cell Phone _____

Street Address _____ City _____ State _____ Zip _____
Diagnosis / ICD-9 Code _____ Allergies _____
Current Medications _____ RX Insurance _____ ID# _____
RX BIN# _____ RX GRP# _____
Work Comp YES NO WC Case # _____

Prescribe and/or alter formulations below as you see fit for your patient's diagnosis / DEA prohibits preprinting of controlled substances

Prescription Supplements

- ____ S7. Methylcobalamin 5mg, Pyridoxal-5 Phosphate 35 mg, 5-MTHF 5mg, Alpha Lipoic Acid 300mg Chromium 100mcg
Vitamin D3 2500IU PER CAPSULE
** Substitute Option: C41
Sig: TAKE 2 CAPSULES DAILY (S7)
Qty: 60 CAPSULES
Refills _____ PRN or _____ Other Sig / Qty _____
- ____ S3. Methylcobalamin 5mg, Pyridoxal-5 Phosphate 25mg NADH 5-MTHF 7.5mg /CoQ10 75mg/Alpha Lipoic Acid 300mg
N-Acetylcysteine 250mg, Vitamin D3 1000IU PER CAPSULE
** Substitute Option: CS1
Sig: TAKE 2 CAPSULES DAILY (S3)
Qty: 60 CAPSULES
Refills _____ PRN or _____ Other Sig / Qty _____
- ____ S6. Methylcobalamin 2mg, Pyridoxal-5 Phosphate 25mg, 5-MTHF 7.5mg, Zinc 10mg, Magnesium Glycinate 300mg
Vitamin D3 2500IU PER CAPSULE
** Substitute Option: CS6
Sig: TAKE 2 CAPSULES DAILY WITH FOOD (S6)
Qty: 60 CAPSULES
Refills _____ PRN or _____ Other Sig / Qty _____
- ____ S8. Methylcobalamin 2mg, Pyridoxal-5 Phosphate 25mg, 5-MTHF 7.5mg, Zinc 10mg, Magnesium Glycinate 40m
N-Acetylcysteine 400mg, Vitamin D3 2500IU PER CAPSULE
** Substitute Option: CS8
Sig: TAKE 2 CAPSULES DAILY WITH FOOD (S8)
Qty: 60 CAPSULES
Refills _____ PRN or _____ Other Sig / Qty _____

** Alternate Formulation Legend

- ____ C41. Methylcobalamin 2.5mg, Pyridoxal-5 Phosphate 35mg 5-MTHF 3mg, Alpha Lipoic Acid 300mg, Vitamin D3 2500IU PER CAPSULE
Sig: Take 2 capsules daily Qty: 60 Caps (C41)
- ____ CS1. Methylcobalamin 2mg, Pyridoxal-5 Phosphate 25mg, NADH 5mg, 5-MTHF 0.8mg CoQ10 150mg, Alpha Lipoic Acid 300mg
N-Acetylcysteine 100mg, Vitamin D3 2000IU per capsule
Sig: Take 1 capsule daily Qty: 30 Caps (CS1)
- ____ CS6. Methylcobalamin 1mg, 5-MTHF 7.5mg, Magnesium Glycinate 300mg, Vitamin D3 2500IU PER CAPSULE
Sig: Take 2 capsules daily with food Qty: 60 Caps (CS6)
- ____ CS8. Methylcobalamin 1mg, 5-MTHF 7.5mg, N-Acetylcysteine 400mg, Vitamin D3 2500IU PER CAPSULE
Sig: Take 2 capsules daily with food Qty: 50 Caps (CS8)

I authorize the pharmacy to dispense the first preference formulation indicated above unless the first preference formulation is not covered by insurance or the cost for the prescription is beyond what the patient can afford. In either of these instances, my signature below authorizes the pharmacy to substitute formulations according to the formulations above.

Diagnosis _____
Prescriber's Signature: _____ Date _____