



Your modern compounding pharmacy.™

This standardized order form helps ensure accurate, safe, and efficient prescribing of customized compounded medications. Please review the brief instructions below before completing or submitting any form.

## For Prescribers

### 1. Select the Formulation

Fill in the bubble next to the intended compounded product.

### 2. Choose Directions/SIG

Select one of the provided SIG options or write custom instructions.

### 3. Complete Patient Information

Include full name, DOB, address, phone number, and other information.

### 4. Fill in Prescriber Information

Include your NPI, DEA (if required), phone, fax, and address.

### 5. Sign and Date

Unsigned forms cannot be processed.

### 6. Fax Completed Forms

Send to (401) 284-4506 or (401) 210-2757.

## For Patients & Caregivers

- **Give this form directly to your healthcare provider.** They must complete and sign it before Bayview Pharmacy can prepare your medication.
- You may receive this form from a provider or facility; bring it to your next appointment if it has not yet been completed.
- Do **not** fill out the prescriber sections yourself. Your provider will enter your dosing instructions and clinical details.
- After we receive the prescription, we will reach out to the patient to go over the medication, allergies, shipping/pickup, and payment.

3844 Post Road, Warwick RI 02886

Phone: 401-284-4505

Fax: 401-284-4506

Alternate Fax: 401-210-2757

[www.bayviewrx.com](http://www.bayviewrx.com)

# NEW PRESCRIPTION ORDER FORM

## 1 Patient Information

Last Name		First Name		MI
Address				Apt. #
City	State	ZIP	Phone Number	
Date of Birth (mm/dd/yyyy)		Sex	O M O F	Email

## 2 Prescriber and Prescription Information

Prescriber's Name			
Phone Number		Fax Number	
Street Address			
City		State	ZIP
NPI		DEA	



### Prescribing Form – Compounded Medication

- Ivermectin 1 mg/0.1 ml Nasal Spray

### Directions/SIG

- Spray 1 spray into each nostril twice daily.
- Spray 1 spray into each nostril once daily as directed.
- Spray 1–2 sprays into affected nostril(s) twice daily for symptom control.
- Other \_\_\_\_\_

Quantity \_\_\_\_\_

Refills \_\_\_\_\_

X \_\_\_\_\_

Prescriber's Signature

Date

## 3 Fax it to Bayview Pharmacy at (401) 284-4506 or to our alternative fax (401) 210-2757.

We are currently licensed to service patients residing in **RI, MA, CT, NY, NJ, NH, and FL**.

Unfortunately, we are unable to fulfill prescriptions for patients outside of our service area.