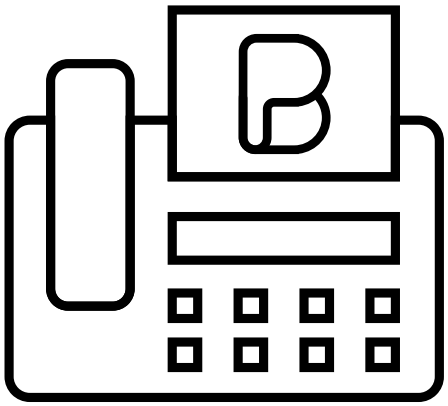
Bayview Pharmacy

Your modern compounding pharmacy.™

FAX COVER SHEET



Please fax your order to:

401-284-4506

3844 Post Road, Warwick RI 02886

Phone: 401 - 284 - 4505

www.bayviewrx.com

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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
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Prefer to skip the fax? Bayview Pharmacy accepts electronic prescriptions from all major EHR and e-prescribing platforms on the Surescripts network. Here's how to send your prescription electronically in three quick steps.

How to E-Prescribe

1. **Search for our pharmacy**
   In your EHR or e-prescribing platform, search the pharmacy directory for "Bayview Pharmacy" — or search by ZIP code 02886 and look for us in Warwick, RI.

2. **Verify you have the right location**
   Confirm the listing matches the details in the box below before selecting it.

3. **Enter the prescription and send**
   Enter the compounded medication exactly as it appears on the order form — product, strength, quantity, directions, and refills — then transmit. No fax needed; we take it from there.

Pharmacy Name	Bayview Pharmacy
Address	3844 Post Road, Warwick, RI 02886
NCPDP ID	4106882
NPI	1750455143
Phone	(401) 284-4505
Fax	(401) 284-4506

If your EHR requires a free-text compound entry, type the formulation name exactly as it appears in the Rx section of the order form.

Questions? Call (401) 284-4505 and one of our pharmacists will walk you through it.

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NEW PRESCRIPTION ORDER FORM – TRIAMCINOLONE – TOPICAL

1 Patient Information

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

2 Prescriber Information

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

3 Medication Selection

CREAM OR OINTMENT (circle base; preservative-free or simplified base on request)	QUANTITY
☐ TRI-025 Triamcinolone acetonide 0.025% cream / ointment	QTY: ☐ 30 ☐ 60 ☐ 120 g
☐ TRI-1 Triamcinolone acetonide 0.1% cream / ointment	QTY: ☐ 30 ☐ 60 ☐ 120 g
☐ TRI-5 Triamcinolone acetonide 0.5% cream / ointment	QTY: ☐ 30 ☐ 60 ☐ 120 g

Manufactured triamcinolone acetonide 0.025%, 0.1%, and 0.5% cream and ointment, the lotion, the topical spray, and the 0.1% dental paste are FDA-approved products; if one of those fits, order it as such and we will dispense the manufactured product. Compounding is for another strength, a preservative-free or simplified base, a gel, solution, or shampoo, a different container size, or the oral rinse. Compounded preparations are not FDA-approved.

GEL, LOTION, SOLUTION & SPRAY	QUANTITY
☐ TRI-G5 Triamcinolone acetonide 0.5% topical gel	QTY: ☐ 30 ☐ 60 ☐ 120 g / mL
☐ TRI-L05 Triamcinolone acetonide 0.05% topical lotion	QTY: ☐ 30 ☐ 60 ☐ 120 g / mL
☐ TRI-S1 Triamcinolone acetonide 0.1% topical solution	QTY: ☐ 30 ☐ 60 ☐ 120 g / mL
☐ TRI-SP Triamcinolone acetonide 0.04% topical spray	QTY: ☐ 30 ☐ 60 ☐ 120 g / mL

MEDICATED SHAMPOO	QUANTITY
☐ TRI-SH025 Triamcinolone acetonide 0.025% shampoo	QTY: ☐ 120 ☐ 240 mL
☐ TRI-SH1 Triamcinolone acetonide 0.1% shampoo	QTY: ☐ 120 ☐ 240 mL

Specify site, frequency, duration, and whether occlusion is permitted. Not for the face, groin, or intertriginous areas unless intended. Systemic absorption (HPA suppression, hyperglycemia) rises with the 0.5% strength, large areas, occlusion, prolonged courses, and in children.

CUSTOM – (other formula or strength – call pharmacy to confirm)	QUANTITY
☐ _____	QTY: _____ mL

REFILLS (circle one)

1 2 3 4 5 6 7 8 9 10 PRN NR

DIRECTIONS/SIG + SIGNATURE

☐ Apply a thin film to the affected area two to three times daily for 14 days. Do not occlude. Not for the face or skin folds.

☐ Apply a thin film to _____ _____ times daily for _____ days. Occlusion: yes / no.

☐ Shampoo: apply to wet scalp, lather, leave on 5 minutes, rinse; use _____ times weekly for _____ weeks.

☐ Other _____

X _____ _____

Prescriber's Signature Date

4 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

_____ _____

Pharmacy Name

The pharmacy name & fax # cannot be pre-printed in order to comply with RI Law 216-RICR-40-15-1 section 1.3A10

Pharmacy Fax Number

NEW PRESCRIPTION ORDER FORM – TRIAMCINOLONE – ORAL PASTE & RINSE

1 Patient Information

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

2 Prescriber Information

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

3 Medication Selection

ORAL ADHESIVE PASTE — **QUANTITY**

☐ **TRI-P1** Triamcinolone acetonide 0.1% oral adhesive paste — **QTY:** ☐ 5 ☐ 15 g

Manufactured triamcinolone acetonide 0.1% dental paste is FDA-approved; if it fits, order it as such and we will dispense the manufactured product.

ORAL RINSE (swish and spit) — **QUANTITY**

☐ **TRI-R1** Triamcinolone acetonide 0.1% oral rinse — **QTY:** ☐ 240 mL

☐ **TRI-R2** Triamcinolone acetonide 0.2% oral rinse — **QTY:** ☐ 240 mL

☐ **TRI-R4** Triamcinolone acetonide 0.4% oral rinse, preservative-free — **QTY:** ☐ 240 mL

Oral rinse: swish and expectorate, do not swallow, nothing by mouth for 30 minutes after. Paste: press a small dab onto the lesion without rubbing. Contraindicated in fungal, viral, or bacterial infections of the mouth or throat; if no significant repair in 7 days, re-evaluate. Oral candidiasis is the common complication of intraoral steroid courses.

CUSTOM – (other formula or strength – call pharmacy to confirm) — **QUANTITY**

☐ _____ **QTY:** _____ mL

REFILLS (circle one)

1 2 3 4 5 6 7 8 9 10 PRN NR

DIRECTIONS/SIG + SIGNATURE

☐ Press a small dab onto the lesion at bedtime, or two to three times daily after meals, until a thin film forms; do not rub in. Use for up to 14 days.

☐ Swish 5 mL for 2 minutes and spit three times daily after meals for 14 days. Do not swallow. Nothing by mouth for 30 minutes after.

☐ Swish _____ mL for _____ minutes and spit _____ times daily for _____ days. Do not swallow.

☐ Other _____

X _____ _____

Prescriber's Signature — Date

4 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

_____ _____

Pharmacy Name — Pharmacy Fax Number

The pharmacy name & fax # cannot be pre-printed in order to comply with RI Law 216-RICR-40-15-1 section 1.3A10