



Publix Compounding Pharmacy #3212
TOPICAL REFERRAL FORM

7616 Southland Blvd, Suite 112
 Orlando, FL 32809
 Phone: 877-253-8949
 Fax: 407-965-4390

**Commercially available products may not be compounded unless there is a documented allergy/intolerance to commercial product.*
 *Please include this documentation as necessary.**

PATIENT INFORMATION [Attach copy of front and back of prescription insurance card(s)]

Patient's First Name: _____ Patient's Last Name: _____ Date of Birth: ___/___/___ Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone Number: (____) _____ Alt. Phone Number: (____) _____ Allergies: NKDA Other: _____

PRODUCT	DIRECTIONS	DISPENSE QTY/DAYS	REFILLS
Lidocaine 1.5%, Nifedipine 0.3% Lidocaine 3%, Nifedipine 0.5% Lidocaine 3%, Diltiazem 2%, Hydrocortisone 2.5% <u>Substitutions</u> Lidocaine 1.5%, Prilocaine 1.5%, Diltiazem 2% Lidocaine 1.5%, Diltiazem 2%	Apply pea sized amount to the affected area(s) 2-3 times daily as directed. For external use only. Other: _____ Please pick one: Cream Gel Ointment	30 gm 60 gm 90 gm Other: _____ gm	_____
Nitroglycerin: 0.1% 0.2% 0.3%	Apply pea sized amount to the affected area(s) 3-4 times daily as directed. For external use only. Please pick one: Cream Gel Ointment	30 gm 60 gm 90 gm	_____
Please list strength of each ingredient selected: Lidocaine: _____% Prilocaine: _____% Nifedipine: _____% Nitroglycerin: _____% Diltiazem: _____% Other: _____ + _____ %	Apply pea sized amount topically/rectally (please circle one) _____ time(s) a day (Please pick one) Topically: QD BID TID Other: _____ Rectally: QD BID TID Other: _____ (Please pick one) Cream Rectal tip Gel Patient to apply with gloved finger Ointment	30 gm 60 gm 90 gm Other: _____ gm	_____

* Pea sized = Approximately 0.5 grams

Comments for RPh:

PRESCRIBER INFORMATION

Name: _____ DEA# _____ NPI # _____
 Address: _____ City: _____ State: _____ Zip: _____
 Office Phone Number: (____) _____ Fax Number: (____) _____ Office Contact: _____

Prescriber's signature: _____ Date _____
 (stamps not accepted) Substitution allowed Dispense as written/ Do not substitute

For states requiring hand written expressions to prevent substitution, write here:

This document, and any attachments, are intended solely for the use of the individual(s) to whom they are addressed. They may contain confidential information and/or protected health information (PHI) that is protected by law. If you believe you were not the intended recipient of this document, you are hereby notified that any review, dissemination, distribution, printing or copying of this document and/or any attachments is strictly prohibited. If you have received this transmission in error, please notify the sender immediately and destroy this document and any attachments. If you properly received this document, you should maintain its contents in confidence in accordance with applicable law.

Please fax completed forms and all necessary documents to (407)-965-4390