ASD Compounds

Patient Name	Ship to (Circle):
Address	
City State Zip	Patient / Physician
Telephone:	
Credit Card # (if available) Exp:	

Injections

Quantity	Compound	Concentration	Container (circle)	Sig (directions)
	Methylcobalamin	12.5mg/ml	syringes / vial	
		25mg/ml	syringes / vial	

Inhalations

Quantity	Compound	Concentration	Volume	Sig (directions)
	Glutathione	100mg/ml		
		200mg/ml		

Nasal Sprays

Quantity	Compound	Concentration	Sig (directions)
	Methylcobalamin	12.5mg/ml	
		25mg/ml	
	Methylcobalamin w/Folinic Acid	strength_____	
	Oxytocin	10U/ml	
		40U/ml	

Capsules / Suspensions

Quantity	Compound	Strength	Sig (directions)
	DMPS caps		
	DMSA caps		
	Naltrexone caps		
	Nystatin circle: caps / susp		

Transdermals (3ml prefilled syringes)

Quantity	Compound	Concentration	Sig (directions)
	Alpha Lipoic Acid		
	DMPS		
	DMSA		
	Glutathione	100 / 200/ 250mg/ml	
	Methylcobalamin		
	Naltrexone		
	TTFD	50 / 100 mg/ml	

Additional compounds (not listed above)

Doctor's Name (print)	
Address	
City State Zip	
Telephone	
Fax	Signature

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