



Compounded Rx Order Form

402 W. Boughton Rd. Bolingbrook, IL 60440
Phone: 630.759.8900 Fax: 630.759.3636
bolingbrookcompounding.com

[Patient Information]

Patient Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ DOB ____/____/____

Prescription Insurance _____

ID# _____ Group# _____ BIN# _____ PCN# _____

[Rx] MIDRIN COMPOUNDED FORMULA

Dichloralphenazone 100 mg/Isometheptene Mucate 65 mg/Acetaminophen 325 mg Capsules

Directions:

[] Initially, 2 capsules PO, followed by 1 capsule every hour as necessary, up to a maximum of 5 capsules in a 12-hour period

[] _____

Qty: _____ Refills: 1 2 3 4 5 NR

[Physician Information]

Name _____

Address _____ City _____ State _____ Zip _____

DEA _____ Phone _____ Fax _____

Prescriber's Signature _____

Orders can be faxed to 630.759.3636

