



ADVANCED COMPOUNDING  
PHARMACY

# Thyroid Order Form

Please call or fax the completed form

Patient Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please Compound the following strength of Natural T4/T3

Qty	Dosage / mg	Dosage in /Gr.	T4/T3
	15mg	1/4 Gr.	9.5 mcg /2.25mcg
	30mg	1/2 Gr.	19 mcg /4.5mcg
	45mg	3/4 Gr.	28.5 mcg /6.75mcg
	60mg	1 Gr.	38 mcg /9mcg
	90mg	1.5 Gr.	57 m cg/13.5mcg
	120mg	2 Gr.	76 mcg /18mcg
	150mg	2.5 Gr.	95 mcg /22.5mcg
	180mg	3 Gr.	114 mcg /27mcg
	210mg	3.5 Gr.	133 mcg /31.5mcg
	240mg	4 Gr.	152 mcg /36mcg

Sig: Take \_\_\_\_\_ Capsule(s) \_\_\_\_\_ Time(s) a day. Refill: \_\_\_\_\_

## Custom Formulate T4/T3 combinations :

T4 \_\_\_\_\_ Mcg + T3 \_\_\_\_\_ Mcg Qty: \_\_\_\_\_  SR Capsule  Regular Capsule

Sig: Take \_\_\_\_\_ Capsule(s) \_\_\_\_\_ Time(s) a day. Refill: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Tel#: (\_\_\_\_) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ DEA# \_\_\_\_\_

7225 Fulton Ave., North Hollywood, CA 91605  
Toll Free. 800.769.6632 • T. 818.982.2813 • F. 866.837.4530

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