

Compounded Prescription Report Sheet

Dosage form type: _____ Student Name: _____

Actual prescription: _____

Laboratory Use only: _____ Cost of Ingredients: _____

| Prescription ingredients and amounts | Synonym, Trade name and manufacture | Use | Ave. dose or conc. |
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Calculations (if you need more space, use back of page):

Method of compounding (note special procedures, incompatibilities, etc.):

Packaging and labeling:

Precautions or special instruction for administration:

Preceptor's signature (if prescription dispensed)