

**JAYSON PHARMACY
&
THE ETTINGER COMPOUNDING CENTER**

197 Franklin Avenue
Franklin Square, NY 11010
Tel: 516-354-5641
Fax: 516-354-3790
www.jaysonpharmacy.net

WELCOME PACKET

Welcome to Jayson Compounding Center. We are very pleased that you have chosen our pharmacy for your patients. We look forward to a long and trusting relationship with your practice.

Please find our enclosed welcome packet. In order to provide you with the best service, we need certain information to go forward. Please dedicate a few minutes now and save time and frustration in the future. If you have any questions, please call us at your earliest convenience.

Please fill out the Information Sheet, the Physician Statements, a copy of the physician's state license and the DEA permit, the charge authorization and finally an order form for your use. Please use this form when ordering to allow us to process your order with greater accuracy. You can customize it with your letterhead, if you so desire.

Thank you for doing business with Jayson Pharmacy. If you have any questions call the pharmacy at 516-354-5641 and speak to one of our professional pharmacists or visit our website at www.jaysonpharmacy.net. They are licensed, insured and have extensive training beyond pharmacy school. They are also clinical affiliate faculty at St. John's University and Rutgers, and are members of PCCA Professional Compounding Centers of America.

Jenny Vukosa, pharmacist Burt Ettinger, pharmacist James Ehrlein, pharmacist

**JAYSON PHARMACY
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THE ETTINGER COMPOUNDING CENTER**

INFORMATION SHEET

Date:

Doctor's Name: _____

Office Manager/ Owner: _____

Business Name: _____

Office phone: _____

Office fax: _____

Cell phone: _____

E-mail: _____

Address: _____

Notes:

**JAYSON PHARMACY
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Dear Loyal Client,

Jayson Pharmacy strives to exceed your expectations with excellent services, unique formulations and fair prices.

- We adhere to USP State Board of Pharmacy, DEA, ISO and we follow CQI for the highest possible standards. All prescriptions must contain the patient's name and date of birth. If a patient is under the age of 30, an ICD-9 diagnosis code will be required prior to the dispensing of any androgenic or human growth hormone agent.
- All prescriptions must have complete instructions. "Use as directed" is not acceptable. Instructions must convey the proper dosing schedule prior to dispensing by a registered pharmacist consistent with diagnosis and guidelines.
- Prescriptions for controlled substances will not be dispensed in excess of 30 days or up to a six-month supply with the correct code (Code "F"). (I.e. patients taking 2ml of an injectable drug weekly shall receive no more than 50ml of medication within a six month time period.
- Each prescription for controlled substances must bear the name and address of each patient. Section 1306.04 of the Controlled Substances Act prohibits "For Office Use" prescriptions to be filled for future dispensing to patients.

Section 1306.04 Purpose of issue of prescription.

- (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.
- (b) A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.
 - A "Physician Statement" regarding a valid doctor-patient relationship must be on file. Physicians prescribing human growth hormone must sign a "Policy Regarding Human Growth Hormone."

Sincerely,

**JAYSON PHARMACY
&
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PHYSICIAN STATEMENT

Dear Doctor:

We understand that in some cases, the patient and prescribing physician may reside in different states. In order to ensure that all prescriptions received by Jayson Pharmacy are pursuant to a valid doctor/patient relationship, we require that our prescribing physicians agree that the following elements are satisfied prior to sending us a prescription. For purposes of state law, many state authorities, with the endorsement of medical societies, consider the existence of the following four elements as an indication that a legitimate doctor/patient relationship has been established:

- A patient has a medical complaint;
- A medical history has been taken;
- A physical examination has been performed; and
- Some logical connection exists between the medical complaint, the medical history, the physical examination, and the treatment prescribed.

I, _____, agree that all prescriptions sent to Jayson Pharmacy will meet the criteria above. I agree that there is no other agreement written, oral, or otherwise, that negates this one.

Physician Signature

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Credit Card Authorization

Business Name: _____ Year Established: _____

D/B/A: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip Code : _____ E-mail: _____

Type of Business: _____

Name of President/Owner: _____

Home Address: _____

City, State, Zip Code: _____

Work Phone: _____ Home Phone: _____

CREDIT CARE PURCHASES

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Signature: _____

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**PATIENT INFORMATION SHEET-
ANDROGENS**

USES:

Androgens (testosterone, nandrolone, Stanozolol, oxandrolone, etc) are indicated for replacement therapy in males with symptoms of deficiency or absence of endogenous male hormones.

WARNINGS:

Extended use of high dose androgens have been associated with the development of hepatic malignancies. Water retention with or without congestive heart failure, may be a serious complication in patients with pre-existing risk factors. Irreversible gynecomastia may develop in patients treated for hypogonadism.

DRUG ABUSE AND DEPENDENCE:

Androgenic medications are controlled substances under the Anabolic Steroids Control Act and require a prescription from a physician.

PRECAUTIONS:

Patients should report any of the following to their physician: Nausea, vomiting, changes in skin color, ankle swelling, too frequent or persistent erections of the penis. This drug has not been shown to be safe and effective for the enhancement of athletic performance or muscle building. Due to the potential risk of serious adverse health effects, this drug should not be used for such purpose.

MD. Name, Address, License #,
Phone #, Fax #, Email, Website

Patients Name: _____ Phone: _____

Address: _____ DOB: _____

Shipping via: _____ Overnight \$20 _____ UPS Ground \$10

Rx: Anti-Aging

- Intratherapies Alpha Program (N1, N2, etc.) Sig. 1-2 in AM w/ H2O SL
(Not Based on HRT or HGH; for prescribing info go to www.Intratherapies.com)
- Urea/Glycolic acid foaming cleanser Sig. Cleanse 1-2x daily
(Use with Clarisonic Device or Buff Puff)
- Liposomal ammon. lactate moisturizer w/ sunscreen Sig. Apply in Am
- Regu-Age/ eye-seryl/ differin stock under eye gel Sig. Dot Gel
HS
- Azelaic/Argireline (acetyl hexapeptide-3) 5%/idebenone 1%/estriol (ES)
0.2%/ pepa active/ syn-coll emollient night cream Sig. Apply small
amount HS
- Methylcobalamin SL 7.5mg tablet Sig. 1 Pm SL

Suggestions:

Physician Signature: _____

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Dispense as Written

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Fax: 516-684-9903

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Phone #, Fax #, Email, Website

Patients Name: _____ **Phone:** _____

Address: _____ **DOB:** _____

Shipping via: _____ Overnight \$20 _____ UPS Ground \$10

RX: **Men's Health**

- **Tri-Mix (PGE-1/ Papaverine/phentolamine) 5ml Sig.**
- **Sildenafil capsule _____mg Sig.**
- **Sildenafil troche _____mg Sig.**
- **Testosterone (micronized) 10% - 30% cargel 60ml Sig.**
- **Testosterone (micronized) 20% PLO gel 60mg Sig.**
- **Nandrolone cargel 10% 60ml Sig.**
- **Testosterone (micronized) SL 30mg tablet Sig.**
- **Anastrazole SR capsule _____mg Sig.**
- **Oxandrolone SR capsule _____mg Sig.**
- **Stanozolol SR capsule _____mg Sig.**
- **Fluoxymesterone SR capsule _____mg Sig.**

- Test. Cypionate 250mg or 300mg / ml Sig.
- Test. Enanthanate 250mg or 300mg / ml Sig.
- Nondrolone decanoate 250mg/ml 10ml Sig.
- Test. Cyp/Prop 250mg/75mg 10ml Sig.
- Test. Enanth/ Prop/ Cyp 150mg/150mg/75mg 10m 1vial Sig.
- Test. Prop 150mg/ml Sig.
- Test. Suspension 100mg/ml Sig.
- Tamoxifen SR capsule _____ Sig.
- Minoxidil et al _____% CR, Soln, Gel Sig.

Suggestions:

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RX: Endocrine

- Liothyronine (T3) SR capsule 5, 10,15, 20mcg Sig.

- Tamoxifen SR capsule _____mg Sig.

- Cortisol SR capsule _____mg Sig.

- Pregnenolone SR capsule _____mg Sig.

- Finestaride SR capsule _____mg Sig.

- Dutasteride SR capsule _____mg Sig.

Ophthalmic

- Cyclosporin ophthalmic _____% Sig.

- Vancomycin ophthalmic _____% Sig.

- Tobramycin ophthalmic _____% Sig.

- _____% Sig.

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RX Bio Identical Hormone Replacement (female)

- Bi-Est / Cream/ capsules 2.5mg, 3.5mg, _____mg Sig. _____
QD
- Tri-Est/ Cream/ capsules 2.5mg, 3.5mg, _____mg Sig. _____ QD

- Estriol _____mg capsule Sig. _____ QD

- Estadiol _____mg capsule Sig. _____ QD

- Low dose testosterone _____mg, 0.25mg CR Sig. _____ QD

- Pregnenolone _____mg Cream/ Capsule Sig. _____ QD

- DHEA _____mg Cream/ Capsule Sig. _____ **QD**

- Progesterone Cream _____mg Sig. _____ **QD**

- Progesterone Vaginal capsule _____mg Sig. _____ **QD**

- Progesterone Suppository _____mg Sig. _____ **QD**

Suggestions:

Physician Signature: _____

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Patients Name: _____ **Phone:** _____

Address: _____ **DOB:** _____

Shipping via: _____ **Overnight \$20** _____ **UPS Ground \$10**

RX: **Pain and Neuropathy**

- **Ketoprofen 10% / Lidocaine 5% / Gabapentin 5% / Transdermal Plo Sig. Bid external use**

- **Hydrocodone 7.5 capsule (no Acetaminophen) Sig.**

- **Lidocaine/ Prilocaine aqueous gel 2-12% Sig.**

- **Morphine Sulfate Topical Gel Sig.**

- **Ketamine Topical gel _____mg Sig.**

- **Methylcobalamin SL 7.5 mg Tablets Sig. 1 Pm SL**

- **Naltrexone capsule 0.25-4.5mg Sig.**

- **Butalbital/caffeine 50mg/40mg Sig.**

- **Oxycodone capsule/troche/UD liquid Sig.**

- **4-Aminopyridine Cap ____mg Sig.**

Suggestions:

Physician Signature: _____

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Address: _____ DOB: _____

Shipping via: _____ Overnight \$20 _____ UPS Ground \$10

RX: Physical Therapy/ Physical Medicine

▪ HC _____ % Sig.

▪ Dexamethasone _____ % Sig.

▪ Lidocaine _____ % Sig.

▪ _____ plo gel Sig.

▪ _____ Capsule Sig.

▪ _____ Lotion/gel/ cream Sig.

Suggestions:

Physician Signature: _____

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RX: Women's Health

- Flucytosine Vaginal Cream _____ mg Sig.

- Nystatin _____ units Sig.

- Bio HRT _____ Cr _____ Cap Sig.

- _____ Vag cream Sig.

- _____ Capsule Sig.

- Nitroglycerin 0.2% oint, plo, cream, gel _____ Sig.

Shipping via: _____ Overnight \$20

_____ UPS Ground \$10

RX: Vet Use Only

- **KBR Solution** _____ **Sig.**

- **Methimazole Plo Gel** _____ **Sig.**

- **Metoclopramide Plo Gel** _____ **Sig.**

- **Furosemide Liquid** _____ **Sig.**

- **Prednisone Liquid** _____ **Sig.**

- **Chlorophyll Liquid** _____ **Sig.**

- **Phenobarbital Liquid/ Capsule** _____ **Sig.**

- **Azithromycin Plo gel** _____ **Sig.**

- _____ **Susp** _____ **mg** **Sig.**

- _____ **Plo** _____ **mg** **Sig.**

Suggestions:

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RX: Chelation

▪ DMSA in lipoderm _____ Sig.

▪ Glutathione in lipoderm _____ Sig.

▪ DMSA & Calcium EDTA 100/750 Rectal Suppository Sig.

Suggestions: _____

- **Lamisil in Fungoid Tincture** **Sig.**

- **Ketoconazole 2%/Hydrocortisone cream 2.5% Sig.**

- **Kojic Acid 10% gel** **Sig.**

- **Hydroquinone 6% w/ Azelic acid cream** **Sig.**

- **Betamethasone 1% cream in sarna lotion** **Sig.**

Suggestions:

Physician Signature: _____

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