



Fax Cover

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SUBJECT: PATIENT PRESCRIPTION SHIPPING AUTHORIZATION

Due to DEA regulations, all Testosterone Pellet Prescriptions will be sent directly to the patient unless the Prescription Authorization below is filled out. GA and OH Require Prior Authorization to Ship Patient Specific Prescriptions to Practitioners. OK Prohibits It Completely.

Patient Prescription Shipping Authorization

I, _____, authorize College Pharmacy to send my

Patient Name

_____ prescription to my practitioner,

Prescription Drug / Dosage Form

_____ located at

Practitioner Name

Office Address

This authorization applies to both this and all future Testosterone Pellet Prescriptions in my name.

Patient Signature / Date

College Pharmacy: Professional Custom Compounding Since 1974.

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