COMPOUNDING MASTER FORMULA SHEET

Patient Name / Reference:	Pat	atient DOB: Patient Contact/Address:				
Date of Prescription/Supply:	Date of Completion	on/Renewal:	Duration: Doses per (Days)		Day: Total Doses: (Days x Doses per Day)	
Ingredient Name:	Cost per mg (\$)	Material Qty per Dose (mg)	for Pre			Cost per Dose (\$)
Ingredient or Product Name	WS Price of bulk container / mg in bulk container)	(Total Material to achieve target 'active' per dose)		Oty per Dose I Doses)		Cost per mg x erial Qty per Dose)
SUB-TOTALS:						ral Dose Price:
TOTALS:		Total Dose Qty (add up column)		ula Weight: ımn in grams)	(Total Daga Dria	
Intended Instructions: Checklist BEFORE Mixing: Checked that all required in Checked that no Bulk Ingre Confirmed the costs and do	edient Expiry Date is	s (and spare sco s sooner than th	ops & contail e Intended So	ners) are in-s cript Complet		ate?
Checklist AFTER Mixing: Prepared and affixed label/ Clearly conveyed dosing in					tient r	ecords).

FORMULA PRESCRIPTION / LABEL

Patient Name:		Patient DOB:	Patient Contact/Address:		
Date of Prescription/Supply:	scription/Supply: Date of Completion/Renewal (Expiry): Pack Size/Qty:				
			1		
CONTENTS:					
DIRECTIONS:					
STORAGE INSTRUCTIONS: STORE BELOW 25° C - USE ONLY AS DIRECTED - KEEP OUT OF REACH OF CHILDREN					
STORE DELOW 25 0 - 05E ONE! AS DIRECTED - REEF OUT OF REACTION CHIEDREN					
Prescribed / Supplied By:					

EXAMPLE COMPOUNDING MASTER FORMULA SHEET

Patient Name / Reference:

(Key Patient Identifiers)

Mary Jane Do

Patient DOB:

Patient DOB:

O4|2 32| 456

|23 Quick Lane
Townville 2022

Date of Prescription/Supply:	Date of Completion/Renewal:	Duration:	Doses per Day:	Total Doses:
7 Jun 2016	21 Jun 2016	14 Days	2	28

Ingredient Name:	Cost per mg (\$)	Material Qty per Dose (mg)	Total Material for Prescription (mg)	Cost per Dose (\$)
	(\$30 / 100,000mg)	1.25g Mg Thr = 100mg Mg	(1250 x 28)	(0.0003 x 1250)
Magnesium Threonate	\$0.0003	1,250	35,000	0.375
Taurine	\$0.000178	500	14,000	0.089
SUB-TOTALS: (calculate bulk contain		iner in mg (Summarise 10 mg) mg in grams)		Total Dose Price:
e.g.	0.464			
TOTALS:		Total Dose Qty:	Total Formula Weight:	Formula Cost Price:
		1750 mg	49 g	\$12.99

Note: Add markup to arrive at Patient price like any other clinic product (add a compounding fee to either this price or your consultation fee)

Intended Instructions:

Take 1.75g in glass of water before meal twice per day

Note: To help patients know what 1.75g looks like, trial the best scoop size that measures closest to that on your precision scale before they leave the clinic.

Checklist BEFORE Mixing:

- Checked that all required ingredient quantities (and spare scoops & containers) are in-stock.
- Checked that no Bulk Ingredient Expiry Date is sooner than the Intended Script Completion Date?
- Confirmed the costs and dosing instructions are all feasible for the patient.

Checklist AFTER Mixing:

- Prepared and affixed label/prescription with all key info from this sheet (and filed in patient records).
- Clearly conveyed dosing instructions, duration, final price and taken payment.



(Unique patient identifiers are required) (state at least their age and a contact method as a minimum)

Patient Name:

Patient DOB:

Patient Contact/Address:

O4|2 32| 456

|23 Quick Lane
Townville 2022

Date of Prescription/Supply:

Date of Completion/Renewal (Expiry):

Pack Size/Qty:

49g (28 doses)

(When the Formula/script is valid to)

CONTENTS:

(List each ingredient in the formula and its potency/quantity)

Per 1.75g of Powder: Magnesium Threonate 1250mg (100mg Mg), Taurine 500mg

DIRECTIONS: (Provide clear instructions of the dose quantity/serving size, how to dispense/take it correctly, and timing/frequency of doses throughout the day)

Take 1.75g (Ix scoop provided) in half glass of water before meals, twice a day (e.g. before breakfast and dinner) until complete.

STORAGE INSTRUCTIONS:

STORE BELOW 25° C - USE ONLY AS DIRECTED - KEEP OUT OF REACH OF CHILDREN

(include standard required label statements)

Prescribed / Supplied By:

Harriet Jones (Provide clear identification of Practitioner Name & Contact Details) (Required to trace origin of formula - and may assist with re-ordering)

www.jonesclinic.com

452 Optional St NSW 2120