



Patient Name		Prescriber Name	
Date of Birth		Office Phone #	
Phone #		Office Fax #	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Allergies		NPI	
Email		DEA	

2/24

Note: This product requires a prescription in accordance with Section 503A of the Food, Drug & Cosmetic Act.

Note: Patients will be provided a Patient Information Sheet upon presentation of a valid prescription.

Vasceptor® Curcuminoid Topical Gel, 8.5%

Directions (Please check off all that applies):

- Knee** Apply 2 clicks (0.1mL) and rub thoroughly into the soft parts below and on the sides of the kneecap. Use once daily as long as needed.
- Hand/Wrist** Apply 1-2 clicks (0.05-0.1mL) at the site of pain and rub in thoroughly. Use once daily as long as needed.
- Elbow** Apply 1-2 clicks (0.05-0.1mL) at the site of pain and rub in thoroughly. Use once daily as long as needed.
- Shoulder** Apply 2 clicks (0.1mL) at the site of pain and rub in thoroughly. Use once daily as long as needed.
- Back** Apply 2-4 clicks (0.1-0.2mL) at the site of pain and rub in thoroughly. Use once daily as long as needed.
- Muscle Strain** Apply 1-2 clicks (0.05-0.1mL) at the site of strain/pain and rub in thoroughly. Use once daily as long as needed.
- Under the tongue** Apply 1-2 clicks (0.05-0.1mL) on finger with or without a glove. Vigorously rub it under the tongue for 15-30 seconds. Wait 1-2 minutes before spitting it out, swallowing or drinking. Wash the stained finger with a high fat (lanoline) containing soap such as Dove. This procedure can be repeated twice daily if needed.

Quantity: 9mL (1 unit) 18mL (2 units) _____ mL (Each unit quantity is 9mL)

Refills: _____ (No refill if not specified)

How to Send a Prescription to Town & Country Compounding Pharmacy

1. Write prescription on prescription pad or this order form and fax over to 201-447-3253 OR email to pharmacist@tccompound.com.
2. E-Script to "Town & Country Compounding & Consultation." Make sure our address is 535 E Crescent Avenue, Ramsey, NJ 07446.
3. Call in prescription to 201-447-2020 (Ext 205).

Prescriber Signature: _____ **Date Written:** _____