Oxytocin Compound Order Form

Patient Information

NAME	DOB
ADDRESS	
CITY	STATE/ZIP
PHONE	EMAIL
ALLERGIES	SEX

Select Medication

☐ **Oxytocin Troches (Sublingual)** — $80

Strength (*circle one*): 25 IU / 50 IU / 75 IU / 100 IU Quantity: _____

Sig: (check one or write custom):

☐ Dissolve 1 troche under tongue once daily

☐ Dissolve 1 troche under tongue as needed prior to activity

☐ Custom Sig: _____

☐ **Oxytocin Nasal Spray** — $80

Strength per spray (*circle one*): 5 IU / 10 IU / 15 IU / 20 IU

Bottle Size (*circle one*): 5 mL or 10 mL

Sig (check one or write custom):

☐ 1 spray each nostril once daily

☐ 1–2 sprays each nostril as needed

☐ Custom Sig: _____

Strength: _____ Quantity: _____ Refills: _____

Custom Rx: _____

_____

Sig: _____

Quantity: _____ Refills: _____

Prescriber Information

PROVIDER NAME:	
DEA #:	PHONE #:
PROVIDER SIGNATURE:	DATE:

Robins Pharmacy

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