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HOW TO **SEND PRESCRIPTIONS** in 3 easy steps

PRESCRIBER & PATIENTS' INFORMATION

Prescribing clinician's name, licensing information, address and contact information. Patients' full name, date of birth, shipping address and contact information.

COMPLETE PRESCRIPTION INFORMATION

Include: drug, dosage, and dosage form, quantity, SIG, and refills if requested.

PRESCRIPTION TRANSMITTAL

Fax: (940) 382-2694

Phone: 940-382-6758 | Speak to a pharmacist

Escribe ID: 0903012660 or Denton Prescription Shop

- Select Medication from the drop-down menu (bulk ingredient or powder is OK)
- Use the words **Please Compound** in the SIG or Comments section followed by the compounded medication you want to prescribe.

NOTE: If you cannot find the same strength or form, that's OK, write exactly what you want into the SIG or Comments section. In most cases we'll be able to custom compound the prescribed medication.