



**Pharmacy Compounding Requests**

Phone: 801-561-2287

Fax: 844-715-5576

Patient Name:		DOB:
Phone:	Cell:	
Address:		
City:	State:	Zip:
Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N		

**PEDIATRIC/AUTISM**

**Topical Formulas**

- PCCA Formula #8970**  
Diphenhydramine HCl 2%/Hydrocortisone 1% Topical Cream
- PCCA Formula #4697**  
Lidocaine HCl 2.5%/Tetracaine HCl 4%/Diphenhydramine HCl 1%/Betamethasone Valerate 0.15% Topical Gel

**Other**

- PCCA Formula #5380**  
Tetracaine HCl 0.5% Sorbitol Lollipop™ Base
- PCCA Formula #5376**  
Diphenhydramine HCl 25 mg/Lidocaine HCl 2%/Hydrocortisone 1% Sorbitol Lollipop Base
- PCCA Formula #11272**  
Sildenafil 20 mg/mL Oral Suspension (SuspendIt™)

**Other Preparation and Strength**

Need something else? Contact one of our compounding pharmacists at 801-561-2287.

Sig:	Qty:
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Prescriber:	Phone:
Signature:	Date:
Prescriber Address:	