

Master Compounding Formulation Record

Group:

Date:

Name, strength, and dosage form:

Quantity:

Therapeutic use/category:

Route of administration:

Ingredients used:

Ingredient	Quantity Used	Description	Solubility	Dose Comparison		Use in the Rx	Manufacturer Lot No.	Expiration Date
				Given	Usual			

Compounding procedure:

Description of finished preparation:

Quality control:

Prepared by:

Checked by: _____

LABELING:

LECOM Pharmacy
5000 Lakewood Ranch Blvd.
Bradenton, FL 3211
555-555-5555 Fax: 555-555-5555

Rx 123456 Pharmacist: Date filled:

Patient Name:

Name and strength:

Directions:

Quantity dispensed:

Mfg:

Refills:

Discard after:

Auxiliary Labels:

PATIENT CONSULTATION: