

**PHARMACY INFORMATION**

*[Pharmacy Name]*

*[Address Line 1]*

*[City, State, Zip]*

*[Phone Number] | [Fax Number]*

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**DATE:**

*[Date]*

**TO:**

*[Practitioner Name / Clinic Name]*

*[Fax Number / Email]*

**RE: PROFESSIONAL REFERRAL / CONSULTATION REQUEST**

*Patient Name: [Patient Name]*

*DOB: [Date of Birth]*

Dear *[Practitioner Last Name]*,

I am writing to follow up regarding our shared patient, *[Patient Name]*, who has expressed interest in customized medication options to address *[Specific Clinical Indication/Condition]*.

Based on our preliminary discussion, the patient may benefit from a compounded formulation due to: *[Reason: e.g., allergy to commercial fillers, need for alternative dosage form, discontinued commercial product]*.

Enclosed/Attached you will find a **Compounding Prescription Recommendation Form** outlining suggested formulations, strengths, and bases tailored to this patient's specific needs.

To proceed with this therapy, please review the recommendations and return a signed prescription via fax to *[Fax Number]*. Should you wish to discuss alternative ingredients or clinical literature regarding this formulation, I am available at your convenience.

Thank you for your collaboration in providing personalized care for this patient.

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Sincerely,

*[Pharmacist Signature]*

**[Pharmacist Name, PharmD/RPh]**

*[Direct Extension/Email]*