



SPECIALTY COMPOUNDING

2222 Indiana Ave, Lubbock, TX 79410
Call/Text: 806.209.5140

PRESCRIBER ORDER FORM
FAX COMPLETED FORM TO: 806-209-5141

Patient Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Date of Birth: _____
Allergies: _____

Prescriber Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
DEA: _____ NPI: _____

BPC-157 5 mg/mL 3 mL vial

Inject 10 units (500 mcg) subq near site of injury QD for 4 weeks. Then, decrease to 5 units (250 mcg) subq QD.

TB-500 5 mg/mL 4 mL vial

Inject 40 units (2 mg) subq twice weekly for 4 weeks. Then, decrease to 40 units (2 mg) subq once weekly.

BPC-157 5 mg/TB-500 5 mg/mL 2 mL vial

Inject 10 units (500 mcg) subq near site of injury twice weekly for 4 weeks. Then, decrease to 5 units (250 mcg) subq weekly.

POST-OPERATIVE AND POST-INJURY RECOVERY THERAPY OPTIONS

☐ **BPC-157 Monotherapy**

☐ 8 week therapy ☐ 12 week therapy

☐ **BPC-157 and TB-500 Concurrent Therapy** - BPC-157 daily dosing with TB-500 twice weekly dosing, one peptide in each vial

☐ 8 week therapy ☐ 12 week therapy

☐ **BPC-157 plus TB-500 Combination Formula** - Both peptides combined in one vial with same dosing schedule

☐ 8 week therapy ☐ 12 week therapy

Additional Instructions: _____

PROVIDER SIGNATURE: _____ **DATE:** _____

IF YOU DO NOT SEE WHAT YOU NEED, PLEASE CALL: 806-209-5140

DELIVERY

- ☐ Patient Picks up and Pays
- ☐ Bill and Ship to Clinic
- ☐ Bill and Ship to Patient