LRock RX
COMPOUNDING PHARMACY

PRESCRIPTION FORM

Please fax completed form to **501-214-1451** or call **501-214-1444**

7321 Cantrell Road • Little Rock, AR 72207 • www.lrockrx.com

PATIENT INFORMATION	PLEASE FAX WITH PATIENT DEMOGRAPHIC SHEET	
Name	Date of birth	Sex
Email	Phone #	Mobile Phone #
Street Address	City	State Zip
Driver's License Number	State of Issue	Social Security #
Safety Caps on bottles ☐ Yes ☐ No (easy-off caps preferred)	Allergies	

MEDICATION / TYPE	STRENGTH	QUANTITY	SIG	REFILLS
Additional Directions				

PRESCRIBER INFORMATION				
Prescriber Name (Please print)		Signature	Date	Office Contact
NPI#	DEA#	Phone	Fax	
Street Address		City	State	Zip