Central Rexall Drugs, Inc.
125 East Thomas Street
Hammond, Louisiana 70401
877.258.3477 | Fax 888.653.7297

Compound Medication Change Approval Form

By signing this form, I grant the pharmacists at Central Rexall Drugs, Inc. to substitute the formula that I have prescribed with an alternative if the patient does not have insurance, has a high deductible or copay, or has an insurance policy that does not cover compounds. I understand that the purpose of this agreement is to provide each patient with an affordable option within the same scope of the prescribed medication.

- ☐ I give full authorization for any transdermal cream formulation to be changed by the P.I.C. (Pharmacist in Charge) as long as a hard copy is sent to the clinic for the physician's record within 72 hours of the medication being dispensed.
- ☐ I require a pre-authorization call or fax to my clinic before any transdermal formulation is changed by the P.I.C. (Pharmacist in Charge).

Prescriber Full Name: _____

Date: _____ NPI: _____

Phone Number: _____ Fax Number: _____

Prescriber's Signature: _____