



TOWN & COUNTRY
compounding | consultation



Synapsin Order Form
AHC Accredited Pharmacy
Toll-Free Phone 888-290-2244
Direct Phone 201-447-2020
Direct Fax 201-447-3253
Pharmacist@TCcompound.com

Patient's Name:	Prescriber's Name:
Patient Drug Allergies:	Street Address:
Street Address:	City, State ZIP:
City, State ZIP:	Office #:
Date of Birth:	Fax #:
Phone (CELL) #:	Email:
Email:	

PRESCRIBER'S SIGNATURE _____ **DATE** _____

- Synapsin (RG3-Riboside Nicotinamide), Methylcobalamin 2mg/mL Nasal Spray**
 SIG: Use 1 to 2 sprays per nostril 2 to 3 times daily **Quantity:** _____ **30 mL**
 Other: _____

Refills: (number of refills indicated here refers to all medications prescribed above)
 ____ 1 Year ____ 5 ____ 3 ____ 1 ____ Zero