

Queens Express Pharmacy 34-54 Junction Blvd Jackson Heights, NY 11372 can be accepted only www.queensexpress.com Phone: 718-565-1009 · Fax: 718-565-1004

Faxed prescriptions from the prescribing practitioners

COMPOUND PRESCRIPTION REQUEST

Patient Information:		Doctor Office Info	
Patient:			
DOB:			
Home:			
Allergies:			
Insurance:		_	
Rx#:		DEA#:	NPI#:
Please also fax patient demographics.			
Choose Form	mulatio	n (May Be Effective For)	
Ampicillin ☐ 1gm ☐ 2gm		Meropenem □ 500mg □ 1g	m
Angiomax □ 250mg		Mycamine ☐ 100mg	
Azactam (aztreonam) 1gm 2gm		Nafcillin 2gm	
Azithromycin □ 500m		Pfizerpen ☐ 5 Million Units	
Bivalirudin □ 250mg		Polymyxin B ☐ 500,000 Units	
Cefazolin □ 1gm		Protonix ☐ 1000mg/10ml	
Cefepime ☐ 1gm ☐ 2gm		Tranexamic Acid ☐ 1gm ☐ 2g	m
Ceftazidime □ 1g		Tygacil (tigecycline) □ 50mg	
Ceftriaxone ☐ 1g		Unasyn (ampicillin/sulbacta	1
Doxycycline ☐ 100mg		Zosyn (piperacillin-tazobact □ 2.25gm □ 3.4	t am) 475gm
This list is NOT all inclusive. Contact Queens Express Pharmacy for action of the Contact Queens Pharmacy for action of the Contact Quee	dditional informa	ation.	
Signature:		Date:	