

Practitioner: _____ Phone: _____ Fax: _____

Address: _____

Patient Name: _____ Birth Date: ____/____/____

Address: _____ Phone: _____

*All Leucovorin compounds are gluten, casein, lactose, titanium, soy, sugar, and dye-free.

LEUCOVORIN CAPSULES

<input type="checkbox"/> 5mg	<input type="checkbox"/> 60 capsules	Refills _____
<input type="checkbox"/> 10mg	<input type="checkbox"/> 120 capsules	
<input type="checkbox"/> 15mg	<input type="checkbox"/> _____ capsules	
<input type="checkbox"/> 20mg		
<input type="checkbox"/> 25mg		
<input type="checkbox"/> ___mg		

Sig: _____ mg PO, BID

LEUCOVORIN ORAL SUSPENSION

<input type="checkbox"/> 5mg/ml	<input type="checkbox"/> 60 ml	Refills _____
<input type="checkbox"/> 10mg/ml	<input type="checkbox"/> 120 ml	
<input type="checkbox"/> 15mg/ml	<input type="checkbox"/> _____ ml	
<input type="checkbox"/> 20mg/ml		
<input type="checkbox"/> 25mg/ml		
<input type="checkbox"/> ___mg/ml		

Sig: _____ mg PO, BID

Additional Notes/Other Rx's: _____

Faxed By: _____ Date: _____

Signature: _____ MD/DO/PA-C/ND/CNP DEA#: _____ NPI: _____