



Pharmacy Compliance Specialists, LLC
WWW.PHARMCOMPLIANCE.COM

Compounding Record

Date: _____ Time: _____

RX# _____

Name/strength/dosage form:

Formulation Record Reference:

Final Quantity:

(Or place pharmacy label here)

Ingredient Name and Strength	NDC or UPC and manufacturer	Lot #	Expiration	Quantity or weight

Calculations (if applicable):

Quality control procedures:

Any deviations from Formulation Record (Circle One)?: Yes No

If yes, describe them here:

Assigned beyond-use date: _____ Justification: _____

Compounding technician/pharmacist: _____

Verifying pharmacist: _____