



WILEY PROTOCOL®

Fax Order Form

Patient Name:		Date:
Address:		DOB:
City, State Zip:	Allergies:	
Phone:	Health Conditions:	

- Wiley Face Crème
- Wiley Protocol Thyroid (Circle One)
Original +2 +4 +6 Other _____
- Wiley Protocol Sparc
- Wiley Protocol Snooz

Sig:
Use as directed as described by the Wiley Protocol.

Qty:
1 2 3 Months

Refills:
1 2 3 4 5 6 7 8 9 10 11 PRN

Calendar:
Personal or Lunar Start Date: _____

Authorizing Prescriber: (Please Print)

Signature: _____

Office Phone: _____

NPI: _____

DEA: (required if prescribing Testosterone) _____

Notes:

Women:

- Wiley Protocol Estradiol (Circle One)
Original +2 +4 +6 Other _____
- Wiley Protocol Progesterone (Circle One)
Original +2 +4 +6 Other _____
- Wiley Protocol Testosterone (Circle One)
Original +2 +4 +6 Other _____
- Wiley Protocol Thyroid (Circle One)
Original +2 +4 +6 Other _____

Men:

- Wiley Protocol Testosterone (Circle One)
Original +2 +4 +6 Other _____
- Wiley Protocol DHEA (Circle One)
Original +2 +4 +6 Other _____
- Wiley Protocol Thyroid (Circle One)
Original +2 +4 +6 Other _____

Please Fax Completed Orders to (812) 944-6900

Westmoreland Pharmacy & Compounding, 2125 State St. #17, New Albany, IN 47150
Ph: (812) 944-6500 Toll-Free: 866-944-6505 Fx: (812) 944-6900

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