



Westmoreland Pharmacy and Compounding NAD+ Order Form

Patient Name: _____ Date of Birth: _____

Street: _____ City: _____ State/ZIP: _____

Phone: _____ Email: _____

Drug Allergies: _____ Health Conditions: _____

Choose Distribution Method:

Patient Pick Up	Ship to Patient (\$8 UPS Ship Fee)	Ship to Clinic
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Make your selections below. Reference chart at the end for injection dosing:

○ NAD+ 10% Topical Cream

Refills: _____

☐ 30-gram Topi-pump container (\$64)

☐ 100-gram Topi-pump container (\$180)

☐ 60-gram Topi-pump container (\$115)

Directions: Apply to affected area once daily as directed. Store in refrigerator.

○ NAD+ Nasal Spray 300mg/ml (30mg per spray)

Refills: _____

☐ 15ml Metered-Dose Spray Bottle (\$60) (Contains 100 sprays)

Directions: One spray in nostril once daily or as directed. Store in refrigerator.

○ NAD+ 200mg/ml Injection (2ml multi-dose vials)

Refills: _____

☐ 2ml (\$95)

☐ 8ml (\$170)

☐ 4ml (\$120)

☐ 10ml (\$195)

☐ 6ml (\$145)

☐ 12ml (\$220)

Directions: Inject _____ mg _____ time(s) weekly SQ as directed. Store in refrigerator.

***Please indicate mg dose and how many times per week to be administered.**

****Injection may not be dispensed for more than a one-month supply due to USP sterility guidelines.**

Provider name: _____ NPI: _____

Address: _____ Phone: _____

Provider email: _____

Provider signature: _____ **Date:** _____

Info@westmorelandpharmacy.com

westmorelandpharmacy.com

Please submit using one of the following methods:

E-prescribing instructions for NAD+ compounds (preferred - easiest and fastest for retrieval)

1. Select the compound in the Medication Field. If your e-prescription program does not have a customizable compound option, select Niacinamide or Niacin here and include the compound to be dispensed in the "Notes" field.
2. Select appropriate quantity or just enter the number 1.
(For NAD+ injections, we will calculate a 1-month supply automatically for you).
3. Enter directions. (For example, Inject 50mg SQ three times per week.)
4. In the notes field you must include the description of the compound to be dispensed if not indicated in the medication field. **Please include the compound name, strength and quantity.**
5. Enter refills if appropriate.
6. Enter diagnosis code if appropriate. (Not required)
7. Send to Westmoreland Pharmacy, 1945 State Street, New Albany, IN 47150.

If eRx is not an option, this is not a problem!

- This form may be completed and faxed to 812-944-6900
- Or you may call and leave an order on our voicemail at 812-944-6500
(Please include patient date of birth and phone number and your phone number, should there be any questions.)

NAD+ 200mg/ml Injection				
mg dose	ml (units per dose)	times per week	number of vials = 30-day supply	price per month
50mg	0.25ml (25 units)	one	1	\$95
50mg	0.25ml (25 units)	two	1	\$95
50mg	0.25ml (25 units)	three	2	\$120
80mg	0.4ml (40 units)	one	1	\$95
80mg	0.4ml (40 units)	two	2	\$120
80mg	0.4ml (40 units)	three	3	\$145
100mg	0.5ml (50 units)	one	1	\$95
100mg	0.5ml (50 units)	two	2	\$120
100mg	0.5ml (50 units)	three	3	\$145
150mg	0.75ml (75 units)	one	2	\$120
150mg	0.75ml (75 units)	two	3	\$145
150mg	0.75ml (75 units)	three	5	\$195
200mg	1ml (100 units)	one	2	\$120
200mg	1ml (100 units)	two	4	\$170
200mg	1ml (100 units)	three	6	\$220