

Compounding Record

Name of Compounded Product: _____

Strength/Concentration: _____

Date of Preparation: _____

Dosage Form: _____

Person Preparing Preparation: _____

Total Quantity: _____

Person Checking Preparation: _____

Ingredient (standard, purity form)	Manufacturer, Lot Number & Expiry	Quantity

Assigned Batch/Lot #/Rx # (if applicable):

Calculations:

PPE, Equipment, Instruments, and Materials Required:

Method of Preparation:

Description of Finished Preparation:

Quality Control Procedure (yield, pH, etc):

Storage requirements:

Beyond Use Date:

Auxiliary Label(s):

References:

Modifications:

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No modifications were made

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