



Physician's Referral Form

Operating since 1960, Bird's Hill Pharmacy is Needham's oldest privately owned compounding pharmacy. Over the years we have evolved from a traditional pharmacy to a worldwide compounding and nutritional resource. Our unique one-to-one patient consultations produce a full understanding of a patient's health needs.

Our problem-solving abilities allow us to create one-of-a-kind compounds to meet specific needs. Our customers and their physicians, working with one of our compounding pharmacists as partners, ensure that patients receive the best care possible!

Each year the importance of this TRIAD relationship becomes more significant. That is why our pharmacists regularly attend PCCA international seminars and other educational events to keep abreast of the latest advances in compounding and pharmaceutical delivery systems, and why we maintain an extensive support network that generates a constant exchange of ideas and innovations. We also stay up to date by reading the latest professional trade publications for up-to-the-minute information on compounding.

We are actively enrolled members of:

PCCA — Professional Compounding Centers of America

IACP — International Academy of Compounding Pharmacists

MIPA — Massachusetts Independent Pharmacists Association

MPhA — Massachusetts Pharmacists Association

APhA — American Pharmaceutical Association

Contact Information

401 Great Plain Avenue

Needham, MA 02492

Tel: 781-449-0550 Fax: 781-449-7993

Toll Free: 1-888-500-2660

E-mail: BirdsHillPharmacy@BirdsHillPharmacy.com

Web site: www.BirdsHillPharmacy.com

Store Hours

Monday-Friday 8 am - 6:30 pm

Saturday 9 am - 2 pm

Closed Sundays & Holidays

Directions

Rte 128 N or S, Exit 18; drive 1 mile west on Great Plain Ave. toward Needham.

We are across the street from the Hersey MBTA station and next to Dunkin' Donuts.

Physician's Prescription Form

PATIENT NAME _____ DATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

DOB _____ INSURANCE _____

DIAGNOSIS _____

OTHER INFO _____

() PHARMACIST CONSULTATION _____

MD NAME _____ DEA# _____

ADDRESS _____ PHONE _____

R_x

_____ M.D.

REFILL _____

INTERCHANGE IS MANDATED UNLESS THE
PRACTITIONER WRITES NO SUBSTITUTION IN
THE ABOVE SPACE.

Please Fax to 781-449-7993