



Oregon CAREAssist COMPOUNDED DRUG ATTACHMENT

Ramsell RHRx Phone: 888-311-7632 Fax: 800-848-4241

Patient ID:Pa	atient Name:		DOB:	
Pharmacy Name:				
NPI Number:	Date of Ser	vice:		
COMPONENTS – Drugs, Supplies, Empty Container				
NDC # Ingredients:	Qty	Cost	Description	
Supplies, Empty Container:				
Total Qty, Cost				
PUBLIC HEALTH RX ONLY Compounding Fee				
Dispensing Fee				
TOTAL PAYMENT				