Harmony Community Clinic
1103 W Hibiscus Blvd, Suite 302A, Melbourne, FL 32901 · harmonycommunityclinic@gmail.com

Compounded Medication Disclosure and Consent

Patient name (print) _____ Date of birth _____ Date _____

What compounded medications are

A compounded medication is prepared by a licensed compounding pharmacy for an individual patient, based on a prescription. Harmony Community Clinic uses state-licensed compounding pharmacies for many injectable medications, including weight-management medications, vitamins, hormones, and peptides.

What I need to know

- **Compounded medications are not FDA-approved.** The FDA does not review compounded medications for safety, effectiveness, or quality before they are dispensed.
- A compounded medication is not the same product as a brand-name drug (for example, Ozempic, Wegovy, Mounjaro, or Zepbound). It may have a different form, strength, concentration, or added ingredients (such as vitamin B12 or B6).
- Although compounding pharmacies must follow quality standards, there is a risk of variation in strength, contamination, or other quality problems.
- The rules for compounding certain medications and peptides are changing at the federal level. Availability, ingredients, or prices may change without notice.
- Doses may be measured in **units** on a syringe rather than milligrams. Concentrations can differ between pharmacies and refills. I will always follow the dose in units written on my instructions and ask before using any new vial.
- Brand-name, FDA-approved options (when they exist) were discussed with me, along with their approximate cost.

I understand that compounded medications are not FDA-approved. _____ Initials

My responsibilities

- Store medications as instructed (many must be refrigerated) and do not use them after the beyond-use date on the label.
- Never share my medication or syringes with anyone.
- Dispose of needles in a sharps container.
- Report any side effect, unusual appearance of the medication (cloudiness, particles, color change), or dosing question to the clinic before my next dose. I may also report problems to the FDA MedWatch program at 1-800-FDA-1088.
- Compounded medications are made for me and cannot be returned or refunded once dispensed.

I choose to use compounded medications after discussing the alternatives. _____ Initials

Signatures

By signing below, I confirm that I have read this form (or had it read to me) in a language I understand, that I had the opportunity to ask questions and all of my questions were answered, and that I agree to its terms voluntarily.

Patient name (print) _____ Patient signature _____ Date _____

Parent / guardian / legal representative (print, if applicable) _____ Relationship to patient _____ Representative signature _____ Date _____

Provider name and credentials _____ Provider signature _____ Date _____

Tell us about your visit

Your opinion helps other families find quality care. After your visit, scan this code with your phone camera to leave Harmony Community Clinic a review on Google.

Thank you for trusting us with your health.