



**OFFICE USE AGREEMENT  
FOR COMPOUNDED MEDICATION**

This Office Use Agreement is by and between SSS, Inc. d/b/a Talon Pharmacy (hereinafter referred to as “Pharmacy”) and \_\_\_\_\_ (hereinafter referred to as “Practitioner”) wherein each of the parties agrees as follows:

1. Practitioner acknowledges that it purchases from Pharmacy compounded preparations for use in Practitioner’s office.
2. Pharmacy agrees that it provides compounded preparations to Practitioners for office use and that it provides such compounded preparations subject to the terms of this Office Use Agreement.
3. Each of the Parties for their mutual representations and covenants and for valuable consideration, the sufficiency of which is hereby acknowledged, agree as follows:
  - a) Any compounded preparations prepared by Pharmacy for Practitioner shall only be administered to the patient of Practitioner and shall not be dispensed to the patient of Practitioner or sold to any third party or entity;
  - b) The Practitioner shall include on a patient’s chart, medication order or medication administration record, the lot number and beyond use date of any compounded preparation administered to the patient that was provided to the Practitioner by the Pharmacy; and
  - c) The Practitioner shall describe the scope of services to be performed by the Practitioner to enable the Patient to report any adverse reaction or submit a complaint concerning the non-sterile compounded preparation and to permit the Pharmacy to recall batches of non-sterile compounded preparations should such be necessary. The Pharmacy shall provide on the medication label the phone number of the Pharmacy and the lot of the prescription dispensed to the patient. The Pharmacy shall act according to professional standards for reporting adverse events which may include but not limited to notifying Medwatch.
4. The Pharmacy agrees to maintain a record of all compounded preparations distributed to Practitioner for office use and such records shall include the date of the order, name, address and phone number of the Practitioner who ordered the preparation, the name, strength and quantity of the preparation ordered and the lot number of each preparation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative of SSS, Inc.  
d/b/a Talon Pharmacy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner