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DATE / / DATE OF BIRTH / /

PATIENT NAME PATIENT PHONE () -

HORMONE REPLACEMENT THERAPY

Testosterone Cypionate 200mg/mL (commercial product) QTY: 10mL (ten) SIG: Inject ____ ml(s) IM _____

Testosterone Cream DOSE: 40mg/gm 50mg/gm 70mg/gm 100mg/gm ____mg/gm
SIG: Apply 1 gm via pump bottle daily to shoulders or upper arms. Alternate sites. QTY: (circle one) 30mL (thirty) 60mL (sixty) 90mL (ninety)

ERECTILE DYSFUNCTION

VIAL PROGRAM PARTICIPANT

Sildenafil Tablets 20mg 25mg 50mg 100mg SIG: Take ____ tablet(s) by mouth as directed QTY: 90 tabs

Vardenafil Tablets 5mg 10mg 20mg SIG: Take 1 tablet by mouth as directed QTY: 30 tabs

Tadalafil Tablets 5mg 10mg 20mg SIG: Take 1 tablet by mouth as directed QTY: 30 tabs

Tadalafil RDT 7.5mg 15mg 23mg SIG: Dissolve 1 tablet in mouth as directed QTY: 30 tabs

INTRACAVERNOSAL INJECTIONS

Bi-Mix Solution DOSE: Papaverine 30mg/ml, Phentolamine 1.0mg/ml

Tri-Mix Solution "15-0.5-5" DOSE: Papaverine 15mg/ml, Phentolamine 0.5mg/ml, PGE1 5mcg/ml

Tri-Mix Solution "30-1-10" DOSE: Papaverine 30mg/ml, Phentolamine 1.0mg/ml, PGE1 10mcg/ml

Tri-Mix Solution "30-1-20" DOSE: Papaverine 30mg/ml, Phentolamine 1.0mg/ml, PGE1 20mcg/ml

Tri-Mix Solution "30-2-20" DOSE: Papaverine 30mg/ml, Phentolamine 2.0mg/ml, PGE1 20mcg/ml

Tri-Mix Solution "30-2-50" DOSE: Papaverine 30mg/ml, Phentolamine 2.0mg/ml, PGE1 50mcg/ml

Quad-Mix Solution DOSE: Papaverine 30mg/ml, Phentolamine 1.0mg/ml, PGE1 10mcg/ml, Atropine 0.1mg/ml

Super-Quad Solution DOSE: Papaverine 30mg/ml, Phentolamine 2.0mg/ml, PGE1 20mcg/ml, Atropine 0.1mg/ml

Mega-Quad Solution DOSE: Papaverine 30mg/ml, Phentolamine 2.0mg/ml, PGE1 50mcg/ml, Atropine 0.1mg/ml

SIG: Inject (circle one) 5 units (0.05mL) 10 units (0.10mL) 20 units (0.20mL) ____ units into the intracavernosal region of the penis

QTY: (circle one) 2ml 4ml 6ml 8ml 10ml

PEYRONIE'S DISEASE

Verapamil In Van Pen Cream DOSE: (circle one) 40mg/gm 150mg/gm QTY: (circle one) 30mL 60mL
SIG: Apply ____ ml of cream BID to the curve of the penis for Peyronie's

Clomiphene 25mg Capsules QTY: ____ caps
SIG: Take ____ capsule(s) by mouth _____

Deluxe Vacuum Pump Therapy System Ring Kit (sizes 3, 5, 7, & 9)

Syringes 31G 5/16" (for ED injection) Syringes QTY: PRN

22G 1 1/2" (for IM Test Injection) QTY: PRN