PRESCRIPTION ORDER FORM

Patient Name: _____ Date:_____

Address: _____City:_____State: _____ Zip: _____

Home Phone: _____ Alt Phone: _____ Date of Birth: _____

❑ ALPROSTADIL (PGE 1) ❑ 10mcg/ml ❑ 20mcg/ml ❑ 40mcg/ml ❑ _____ mcg/ml

❑ BIMIX FORMULA Papaverine 30mg/Phentolamine 1mg/ml

❑ CUSTOM BIMIX FORMULA Papaverine _____ mg/Phentolamine _____ mg/ml

❑ TRIMIX FORMULA 30/1/10 Papaverine 30 mg/Phentolamine 1 mg/ml/PGE 1 10mcg/ml

❑ CUSTOM TRIMIX FORMULA Papaverine _____mg/Phentolamine _____mg/ml PGE 1 _____mcg/ml

❑ QUADMIX FORMULA Papaverine _____mg/Phentolamine _____mg/ml/ PGE 1 _____mcg/Atropine_____mg/ml

Dispense 1 month Supply: ❑ 2.5ml vial ❑5ml vial ❑10ml vial

SIG: Inject _____mls as instructed. May increase or decrease by _____ mls until desired effect achieved.

Maximum Dose _____mls. Not to be used more than ❑QD ❑QOD ❑ _____ times weekly

Refills ❑ 5 ❑11 ❑ _____ Times

❑ **PENILE INJECTION GUIDE:** ❑ ENGLISH ❑ SPANISH

SYRINGE KITS:

❑ 29G 1ML ½" x10 syringes/swabs/sharps container

❑ 30G 1ML short x10 syringes/swabs/sharps container

❑ Needle Switching Kit
3 ML x 10 syringes/swabs/sharps container
25G 5/8" x 10 needles
30G ½" x 10 needles

❑ Sildenafil 20 mg Tablet

Dispense: _____ tablet(s)
SIG: Take _____ tablet(s) 30-45 minutes prior to sexual activity

SIG: _____
_____

Refills ❑ 5 ❑11 ❑ _____ Times

❑ Yohimbine 5.4 mg Capsule

Dispense: _____capsule(s)
SIG: Take _____capsule(s) _____ daily

SIG: _____
_____

Refills ❑ 5 ❑11 ❑ _____ Times

❑ Oxytocin 48 unit Troche

❑ Oxytocin 96 unit Troche

❑ Oxytocin 200iu Rapid Dissolve Tab

❑ Oxytocin 400iu Rapid Dissolve Tab

Dispense: _____ troche(s)/tab(s)

SIG: Take _____ troche(s)/tab(s) 10 minutes prior or during
prior to sexual activity
SIG: _____
_____

Refills ❑ 5 ❑11 ❑ _____ Times

Non Prescription Items:

❑ Xion VED Axis Pump ❑ Auto Injector ❑ Promescent 0.04oz ❑ Promescent 0.25 oz

Physician Name: _____ **Date:** _____

Practice Address: _____

Phone Number:_____ **Fax Number:**_____

Physician Signature: _____ _____ **DEA Number:**_____

** This faxable prescription form was made for your convenience. **Please fax to (718) 529-2780**
Patients: This prescription may be filled at a pharmacy of your choice**

07/16