

Patient Name		Prescriber Name	
Date of Birth		Office Phone #	
Phone #		Office Fax #	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Allergies		NPI	
Email		DEA	

9/23

Compounded Penile Injections	Erectile Dysfunction Treatment Accessories		
<p>Medication: (NOTE: Syringes not included. Must check off "Injection kit" or "Syringes" under "ED Treatment Accessories" if patient needs them.)</p> <p><input type="checkbox"/> Standard Tri-mix (PGE1 5.88mcg - Papaverine 18mg - Phentolamine 0.6mg per mL)</p> <p><input type="checkbox"/> Trial Kit (Standard Tri-mix 1 mL only, #10 syringes, #10 alcohol swabs)</p> <p><input type="checkbox"/> Standard Quad-mix (PGE1 40mcg - Atropine 0.1mg - Papaverine 30mg - Phentolamine 2mg per mL)</p> <p><input type="checkbox"/> Tri-mix 1 (PGE1 10mcg - Papaverine 30mg - Phentolamine 1mg per mL)</p> <p><input type="checkbox"/> Tri-mix 2 (PGE1 20mcg - Papaverine 30mg - Phentolamine 1mg per mL)</p> <p><input type="checkbox"/> Tri-mix 3 (PGE1 30mcg - Papaverine 30mg - Phentolamine 1mg per mL)</p> <p><input type="checkbox"/> Tri-mix 4 (PGE1 40mcg - Papaverine 30mg - Phentolamine 1mg per mL)</p> <p><input type="checkbox"/> Custom Order (Note: Select/fill in one or more that applies)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> PGE1 _____ mcg <input type="checkbox"/> Papaverine _____ mg <input type="checkbox"/> Phentolamine _____ mg <input type="checkbox"/> Atropine _____ mg <input type="checkbox"/> Lidocaine _____ mg </td> <td style="width: 50%; border: none; vertical-align: middle;"> <div style="font-size: 3em; line-height: 1;">}</div> per mL </td> </tr> </table> <p>Quantity: (1 mL per vial) <input type="checkbox"/> 5 vials (5mL) <input type="checkbox"/> 10 vials (10mL)</p> <p>Directions: Inject _____ mL intracavernosally as needed</p> <p>Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year</p>	<input type="checkbox"/> PGE1 _____ mcg <input type="checkbox"/> Papaverine _____ mg <input type="checkbox"/> Phentolamine _____ mg <input type="checkbox"/> Atropine _____ mg <input type="checkbox"/> Lidocaine _____ mg	<div style="font-size: 3em; line-height: 1;">}</div> per mL	<p><input type="checkbox"/> Injection Kit (#20 syringes, #20 alcohol swabs)</p> <p><input type="checkbox"/> Syringes # _____ <input type="checkbox"/> Sharps Container</p> <p><input type="checkbox"/> Auto-Injector Device <input type="checkbox"/> Vacuum Erection Device</p> <p><input type="checkbox"/> Constriction Ring Kit <input type="checkbox"/> Climax Control/Delay Spray (OTC)</p> <p><input type="checkbox"/> Penile Rehab Protocol (Includes: consultation with pharmacist, vacuum erection device, tadalafil 5 mg tablet – 1 tablet by mouth once a day #30 tablets as needed refills, and Nitric Oxide Booster supplement)</p> <p><input type="checkbox"/> Pseudoephedrine 30mg tablets #24 (Directions: Chew 3-4 tablets by mouth as needed for prolonged erection. If no improvement after 60 minutes, go to ER)</p>
<input type="checkbox"/> PGE1 _____ mcg <input type="checkbox"/> Papaverine _____ mg <input type="checkbox"/> Phentolamine _____ mg <input type="checkbox"/> Atropine _____ mg <input type="checkbox"/> Lidocaine _____ mg	<div style="font-size: 3em; line-height: 1;">}</div> per mL		
	Erectile Dysfunction Sublingual Troches		
	<p><input type="checkbox"/> Sildenafil 150mg sublingual troche</p> <p><input type="checkbox"/> Tadalafil 20mg sublingual troche</p> <p><input type="checkbox"/> Tadalafil 75mg sublingual troche</p> <p><input type="checkbox"/> Vardenafil 75mg sublingual troche</p> <p><input type="checkbox"/> Sildenafil 100mg - Tadalafil 40mg sublingual troche</p> <p><input type="checkbox"/> Vardenafil 40mg - Tadalafil 40mg sublingual troche</p> <p>Quantity: # _____ troches</p> <p>Directions:</p> <p><input type="checkbox"/> Dissolve 1/4 1/2 3/4 or 1 troche sublingually as</p> <p>Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year</p>		
Libido & Orgasm Aids	Erectile Dysfunction Capsules / Tablets		
<p>Sublingual: (*Bremelanotide = PT 141)</p> <p><input type="checkbox"/> Bremelanotide 1mg-Tadalafil 10mg troche</p> <p><input type="checkbox"/> Oxytocin 12 units/0.1 mL sublingual drops → 1 drop = 0.05mL = 6 units of Oxytocin</p> <p>Nasal Spray:</p> <p><input type="checkbox"/> Bremelanotide 5mg-Oxytocin 12 units/0.1 mL nasal spray</p> <p><input type="checkbox"/> Oxytocin 12 units/0.1mL nasal spray → 1 spray = 0.1mL = 12 units of Oxytocin</p> <p>Quantity: # _____</p> <p>Directions:</p> <p><input type="checkbox"/> Troche: Dissolve _____ troche(s) sublingually 30-60 minutes prior to intercourse</p> <p><input type="checkbox"/> SL Drops: Instill 4-6 drop(s) (24-36 units of Oxytocin) sublingually 30-60 minutes prior to intercourse</p> <p><input type="checkbox"/> Oxytocin Nasal Spray: Instill 2-3 spray(s) (24-36 units of Oxytocin) intranasally 30-60 minutes prior to intercourse</p> <p><input type="checkbox"/> Other: _____</p> <p>Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year</p>	<p><input type="checkbox"/> Tadalafil Plus Capsule (2.5 mg Tadalafil – Nitric Oxide supplement)</p> <p>Directions: Take 1 capsule by mouth twice a day</p> <p>Quantity: # _____ capsules</p> <p>Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year</p> <p><input type="checkbox"/> Sildenafil 20 mg 50 mg 100 mg tablets</p> <p>Directions: Take _____ tablet(s) by mouth prior to sexual activity</p> <p>Quantity: # _____ tablets</p> <p>Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year</p> <p><input type="checkbox"/> Tadalafil 5 mg 10 mg 20 mg tablets</p> <p>Directions: Take _____ tablet(s) by mouth prior to sexual activity</p> <p>Quantity: # _____ tablets</p> <p>Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year</p> <p style="text-align: center;">** Prescriber Initials _____ I am prescribing these compounds because they are clinically necessary for the treatment of this patient.</p>		

Prescriber Signature: _____ **Date Written:** _____