



Men's Health & Urology Prescription Order Form

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	
☐ Send to PATIENT ☐ Charge PATIENT		☐ Send to OFFICE ☐ Charge OFFICE	

Compounded Penile Injections	Erectile Dysfunction Treatment Accessories
Medication: (NOTE: Syringes not included. Must check off "Injection kit" or "Syringes" under "ED Treatment Accessories" if patient needs them.) ☐ Standard Tri-mix (PGE1 5.88mcg - Papaverine 18mg - Phentolamine 0.6mg per mL) ☐ Trial Kit (Standard Tri-mix <u>1 mL only</u>, #10 syringes, #10 alcohol swabs) ☐ Standard Quad-mix (PGE1 40mcg - Atropine 0.1mg - Papaverine 30mg - Phentolamine 2mg per mL) ☐ Tri-mix 1 (PGE1 <u>10</u>mcg - Papaverine 30mg - Phentolamine 1mg per mL) ☐ Tri-mix 2 (PGE1 <u>20</u>mcg - Papaverine 30mg - Phentolamine 1mg per mL) ☐ Tri-mix 3 (PGE1 <u>30</u>mcg - Papaverine 30mg - Phentolamine 1mg per mL) ☐ Tri-mix 4 (PGE1 <u>40</u>mcg - Papaverine 30mg - Phentolamine 1mg per mL) ☐ Custom Order (Note: Select/fill in one or more that applies) ☐ PGE1 _____ mcg ☐ Papaverine _____ mg ☐ Phentolamine _____ mg ☐ Atropine _____ mg ☐ Lidocaine _____ mg } per mL Quantity: (1 mL per vial) ☐ 5 vials (5mL) ☐ 10 vials (10mL) Directions: Inject _____ mL intracavernosally as needed Refills: ☐ # _____ ☐ As needed for 1 year	☐ Injection Kit (#20 syringes, #20 alcohol swabs) ☐ Syringes # _____ ☐ Sharps Container ☐ Auto-Injector Device ☐ Vacuum Erection Device ☐ Constriction Ring Kit ☐ Climax Control/Delay Spray (OTC) ☐ 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) ☐ 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)
	Erectile Dysfunction Sublingual Troches ☐ Sildenafil 150mg sublingual troche ☐ Tadalafil 20mg sublingual troche ☐ Tadalafil 75mg sublingual troche ☐ Vardenafil 75mg sublingual troche ☐ Sildenafil 100mg - Tadalafil 40mg sublingual troche ☐ Vardenafil 40mg - Tadalafil 40mg sublingual troche Quantity: # _____ troches Directions: ☐ Dissolve (<i>circle</i>) 1/4 1/2 3/4 or 1 troche sublingually as needed Refills: ☐ # _____ ☐ As needed for 1 year

Prescriber Signature: _____ Date Written: __ / __ / ____

Toll-Free Phone: 800-850-2101

Phone: 201-447-2020

Fax: 201-447-3253

Pharmacist@tccompound.com

www.tccompound.com

535 East Crescent Avenue Ramsey, NJ 07446



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Libido & Orgasm Aids	Erectile Dysfunction Capsules / Tablets
Sublingual: ☐ Oxytocin 12 units/0.1 mL sublingual suspension Directions: Place 0.2ml sublingually 30-60 minutes prior to intercourse Quantity: # _____ Nasal Spray: (1 spray = 0.1ml) (*Bremelanotide = PT 141) ☐ Bremelanotide 5mg-Oxytocin 12 units/0.1 mL nasal spray ☐ Oxytocin 12 units/0.1mL nasal spray → Directions: ☐ Instill 2-3 spray(s) intranasally 30-60 minutes prior to intercourse Quantity: # _____ ☐ Other Directions: _____ Refills: ☐ # _____ ☐ As needed for 1 year	☐ Tadalafil Plus Capsule (2.5 mg Tadalafil – Nitric Oxide supplement) Directions: Take 1 capsule by mouth twice a day Quantity: # _____ capsules Refills: ☐ # _____ ☐ As needed for 1 year ☐ Sildenafil (<i>circle</i>) 20 mg 50 mg 100 mg tablets Directions: Take _____ tablet(s) by mouth prior to sexual activity Quantity: # _____ tablets Refills: ☐ # _____ ☐ As needed for 1 year ☐ Tadalafil (<i>circle</i>) 5 mg 10 mg 20 mg tablets Directions: Take _____ tablet(s) by mouth prior to sexual activity Quantity: # _____ tablets Refills: ☐ # _____ ☐ As needed for 1 year
Other Therapy Options	
☐ DHEA E4M (Modified Release) Capsule Dose: ☐ 5 mg ☐ 10 mg ☐ 25 mg ☐ 50 mg ☐ 75 mg ☐ 100 mg ☐ Other: _____ mg Direction: ☐ Take 1 capsule by mouth once a day ☐ Other: _____ Quantity: _____ capsules Refills: ☐ # _____ ☐ As needed for 1 year ☐ Anastrozole 1 mg Tablet (Commercial medication) (Note: Lower strength such as 0.5mg can be compounded into capsule. Please write prescription on "Other" below.) Direction: _____ Quantity: _____ tablets Refills: ☐ # _____ ☐ As needed for 1 year ☐ Verapamil 15% - Triamcinolone 1% (Lipoderm) Cream (For Peyronie's Disease Treatment) Direction: Apply topically twice a day as directed Quantity: _____ grams Refills: ☐ # _____ ☐ As needed for 6 months	☐ HCG (Human Chorionic Gonadotropin) 1,000 units/mL Injectable (Commercial medication) Direction: Inject _____ units (_____ mL) subcutaneously Quantity: ☐ 2 mL ☐ 4 mL ☐ 5 mL ☐ 6 mL ☐ 10 mL (1 full vial) Refills: ☐ # _____ ☐ As needed for 1 year ☐ Enclomiphene citrate Capsule Dose: ☐ 5 mg ☐ 12.5 mg ☐ 25 mg ☐ 50 mg Direction: Take 1 capsule by mouth once daily Quantity: ☐ 30 tablets ☐ Other: _____ capsule Refills: ☐ # _____ ☐ As needed for 1 year ☐ Enclomiphene citrate - Anastrozole Capsule Enclomiphene Dose: ☐ 5 mg ☐ 12.5 mg ☐ 25 mg ☐ 50 mg Anastrozole Dose: ☐ 0.125 mg ☐ 0.25 mg ☐ 0.5 mg Direction: Take 1 capsule by mouth once daily Quantity: ☐ 30 capsules ☐ Other: _____ capsules Refills: ☐ # _____ ☐ As needed for 1 year ☐ Cabergoline 0.5 mg Tablet Direction: Take 1 tablet by mouth twice a week Quantity: ☐ 8 tablets ☐ Other: _____ tablets Refills: ☐ # _____ ☐ As needed for 1 year
Testosterone	
**NOTE: Testosterone is a controlled substance schedule III medication. Therefore, requires a written, faxed, or electronic prescription. Testosterone (Atravis) Gel 100 mg/mL (Formula #115754) Testosterone (Atravis) Gel 200 mg/mL (Formula #115838) Testosterone Cream (Lipoderm) Testosterone/Chrysin Gel (Atravis) Testosterone Cypionate 200 mg/mL Injectable (Commercial medication) Testosterone available in other oils: Cottonseed, MCT or Olive	

Prescriber Signature: _____

Date Written: __ / __ / ____

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