

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Allergies: \_\_\_\_\_

New Patient: Fax current insurance information with Rx

### Male Performance Oral Medication Compounded Formulas

Medication	Strength	Supplied	Quantity	Refills
Sildenafil / Apomorphine	<input type="checkbox"/> 25mg / 2mg <input type="checkbox"/> 50mg / 2mg <input type="checkbox"/> 100mg / 2mg	<input type="checkbox"/> Troches <input type="checkbox"/> Dye-free Capsule	<input type="checkbox"/> 30 <input type="checkbox"/> 90	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
Vardenafil / Apomorphine	<input type="checkbox"/> 20mg / 2mg	<input type="checkbox"/> Troches <input type="checkbox"/> Dye-free Capsule	<input type="checkbox"/> 30 <input type="checkbox"/> 90	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
Avanafil / Apomorphine	<input type="checkbox"/> 200mg / 2mg	<input type="checkbox"/> Troches <input type="checkbox"/> Dye-free Capsule	<input type="checkbox"/> 30 <input type="checkbox"/> 90	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
<b>SIG</b>	<input type="checkbox"/> Troche: completely dissolve <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> 1 troche under tongue 30 minutes prior to sexual activity <input type="checkbox"/> Capsule: take 1 capsule by mouth 30 minutes prior to sexual activity			
Medication	Strength	Supplied	Quantity	Refills
Tadalafil / Apomorphine	<input type="checkbox"/> 5mg / 2mg <input type="checkbox"/> 10mg / 2mg <input type="checkbox"/> 20mg / 2mg	<input type="checkbox"/> Troches <input type="checkbox"/> Dye-free Capsule	<input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
<b>SIG</b>	<input type="checkbox"/> Troche: completely dissolve <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> 1 troche under tongue <input type="checkbox"/> QD <input type="checkbox"/> 1-2 hours prior to sexual activity <input type="checkbox"/> Capsule: take 1 capsule by mouth <input type="checkbox"/> once daily <input type="checkbox"/> 1-2 hours prior to sexual activity			

### Commercial Tablets

Medication	Strength	Supplied	Quantity	Refills
Sildenafil	<input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg	Tablet	<input type="checkbox"/> 30 <input type="checkbox"/> 90	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
Tadalafil	<input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg <input type="checkbox"/> 20mg	Tablet	<input type="checkbox"/> 30 <input type="checkbox"/> 90	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
<b>SIG</b>	Tablet: <input type="checkbox"/> Take 1 tablet by mouth <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour prior to sexual activity. <input type="checkbox"/> Take 1 tablet by mouth once daily			



Phone: (855) 277-2488 Fax: (888) 689-9892

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

DEA# \_\_\_\_\_ NPI# \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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