

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 Injectable

Tri-Mix	Ingredients	Formula	10ml	5ml	Refills
T50	PGE 1, Papaverine, Phentolamine	5 mcg/ml, 15 mg/ml, 0.5 mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
T105	PGE 1, Papaverine, Phentolamine	10 mcg/ml, 30 mg/ml, 1 mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
T106	PGE 1, Papaverine, Phentolamine	25 mcg/ml, 30 mg/ml, 1mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
Super Tri-Mix	Ingredients	Formula	10ml	5ml	Refills
	PGE 1, Papaverine, Phentolamine	50 mcg/ml, 60 mg/ml, 4 mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
Custom Order:			<input type="checkbox"/>	<input type="checkbox"/>	
Quad-Mix & PGE	Ingredients	Formula	10ml	5ml	Refills
QM	PGE 1, Papaverine, Phentolamine, Atropine SO4	10 mcg/ml, 12 mg/ml, 1 mg/ml, 0.15 mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
QM-x2	PGE 1, Papaverine, Phentolamine, Atropine SO4	25 mcg/ml, 12 mg/ml, 1 mg/ml, 0.25 mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
QM-4	PGE 1, Papaverine, Phentolamine, Atropine	150 mcg/ml, 30 mg/ml, 2 mg/ml, 0.25 mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
PGE 40	Alprostadil (PGE)	PGE 40 - 40 mcg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
PGE 80		PGE 80 - 80 mcg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
PGE 150		PGE 150 - 150 mcg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
	Ingredients	Formula	10ml	5ml	Refills
AT-1	Atropine: Formula 6 Papaverine, Phentolamine, Atropine	8 gm/ml, 2 mg/ml, 0.2 mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
AT-6	Papaverine, Phentolamine, Atropine	60 mg/ml, 4 mg/ml, 0.3 mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
Bi-Mix	Bi-Mix: Formula 1 Papaverine, Phentolamine	17.365 mg/ml 0.59 mg/ml	<input type="checkbox"/>	<input type="checkbox"/>	
Directions	<input type="checkbox"/> Inject ____ ml into penis as needed for sexual performance <input type="checkbox"/> Additional instructions: _____				

Please include injection kit (Syringes, needles, alcohol pads) with order



Prescriber Name: _____

Prescriber Signature: _____

DEA# _____ NPI# _____

Date: ____ / ____ / ____

Supervising Physician: _____ DEA# _____

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