

Office Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ - _____

Patient Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 DOB: ____ / ____ / ____ Phone: () _____ - _____
 Allergies: _____
**** All prescriptions are intended for prescribed patient ****

MALE PERFORMANCE & TRT

Testosterone Replacement Therapy	Medication (must write Testosterone)	Concentration	Supplied	Directions	Refills
	_____ Cypionate PLUS (sesame oil)	Cypionate 200mg/ml with Enanthate 20mg/ml	10ml <input type="checkbox"/> include INJ kit	INJ ____ml ____ weekly	<input type="checkbox"/> ____ <input type="checkbox"/> none
	_____ Bi-blend (sesame oil)	Cypionate 180mg/ml Propionate 20mg/ml	10ml <input type="checkbox"/> include INJ kit	INJ ____ml ____ weekly	<input type="checkbox"/> ____ <input type="checkbox"/> none
	_____ Propionate (sesame oil)	50mg/ml	10ml <input type="checkbox"/> include INJ kit	INJ ____ml ____ weekly	<input type="checkbox"/> ____ <input type="checkbox"/> none
	_____ Cypionate (commercial)	200mg/ml	10ml <input type="checkbox"/> include INJ kit	INJ ____ml ____ weekly	<input type="checkbox"/> ____ <input type="checkbox"/> none
	_____ Transdermal Gel	<input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/> 200mg	<input type="checkbox"/> 30gm <input type="checkbox"/> 60gm <input type="checkbox"/> 90gm	Apply ____ gm QD	<input type="checkbox"/> ____ <input type="checkbox"/> none
	Gonadorelin Acetate (in solution)	200mcg/ml	<input type="checkbox"/> 5ml <input type="checkbox"/> 2 x 5ml <input type="checkbox"/> include INJ kit	INJ 0.5ml SQ <input type="checkbox"/> 2 <input type="checkbox"/> 3 QWK (inj kit: 31 gage – 1ml syringe)	<input type="checkbox"/> ____ <input type="checkbox"/> none
_____ Clomiphene Citrate / Anastrozole (capsule)	<input type="checkbox"/> 30mg / 0.125mg	Months <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 PO QD	<input type="checkbox"/> ____ <input type="checkbox"/> PRN	
	<input type="checkbox"/> 60mg / 0.5mg		<input type="checkbox"/> 1 PO 3 QW		
GHRH, Oxandrolone & Nandrolone Decionate	Medication (must write controlled)	Concentration	Supplied	Directions	Refills
	Sermorelin	1000mcg/ml	12ml <input type="checkbox"/> include INJ kit	<input type="checkbox"/> ____ <input type="checkbox"/> INJ 0.3ml SQ QD Mon – Fri	<input type="checkbox"/> ____ <input type="checkbox"/> PRN
	_____ Decionate	200mg/ml	10ml <input type="checkbox"/> include INJ kit	INJ ____ml ____ weekly	<input type="checkbox"/> ____ <input type="checkbox"/> none
	<input type="checkbox"/> RC64-Cachexia	<input type="checkbox"/> 12mg <input type="checkbox"/> 28mg <input type="checkbox"/> 57mg	<input type="checkbox"/> Troches <input type="checkbox"/> Dye-free Capsule (12mg, 25mg)		<input type="checkbox"/> ____ <input type="checkbox"/> none
Directions for Oxandrolone		<input type="checkbox"/> Troche: completely dissolve <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> 1 troche under tongue QD			<input type="checkbox"/> ____ <input type="checkbox"/> none
		<input type="checkbox"/> Capsule: take 1 capsule by mouth QD			<input type="checkbox"/> ____ <input type="checkbox"/> none
PT141	Bremelanotide (sq injection)	10,000mcg/ml	2mL <input type="checkbox"/> include INJ kit	INJ 0.1 - 0.2 SQ prior to sexual activity, maximum 3 WK or 8 MO	<input type="checkbox"/> ____ <input type="checkbox"/> PRN
	Bremelanotide with Methylcobalamin (sublingual troche)	2000iu / 1mg	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	1 PO 30 minutes prior to sexual activity	<input type="checkbox"/> ____ <input type="checkbox"/> PRN
Sexual Support / PDE5 inhibitors	Medication	Concentration	Supplied	Quantity	Refills
	Sildenafil with Apomorphine 2mg <input type="checkbox"/> oxytocin 125 units	<input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg	<input type="checkbox"/> Troches <input type="checkbox"/> Dye-free Capsule	<input type="checkbox"/> 90 <input type="checkbox"/> 60 <input type="checkbox"/> 30 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Vardenafil with Apomorphine 2mg <input type="checkbox"/> oxytocin 125 units	<input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg	<input type="checkbox"/> Troches <input type="checkbox"/> Dye-free Capsule	<input type="checkbox"/> 90 <input type="checkbox"/> 60 <input type="checkbox"/> 30 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Avanafil with Apomorphine 2mg <input type="checkbox"/> oxytocin 125 units	<input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/> 200mg	<input type="checkbox"/> Troches <input type="checkbox"/> Dye-free Capsule	<input type="checkbox"/> 90 <input type="checkbox"/> 60 <input type="checkbox"/> 30 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Directions	<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			
	Tadalafil with Apomorphine 2mg <input type="checkbox"/> oxytocin 125 units	<input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg	<input type="checkbox"/> Troches <input type="checkbox"/> Dye-free Capsule	<input type="checkbox"/> 90 <input type="checkbox"/> 60 <input type="checkbox"/> 30 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ____ <input type="checkbox"/> PRN <input type="checkbox"/> none
Directions	<input type="checkbox"/> Troche: completely dissolve <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> 1 troche under tongue <input type="checkbox"/> once daily <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				

Additional SIG:

Prescriber Name: _____
 Prescriber Signature: _____
 DEA #: _____ NPI #: _____ Date: ____ / ____ / ____
 Supervising Physician: _____ DEA #: _____

