**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** | | **25mg / 2mg 50mg / 2mg**  **100mg / 2mg** | **Troches**  **Dye-free Capsule** | **30 90** | **1 2 \_\_\_**  **PRN none** |
| **Vardenafil /**  **Apomorphine** | | **20mg / 2mg** | **Troches**  **Dye-free Capsule** | **30 90** | **1 2 \_\_\_**  **PRN none** |
| **Avanafil /**  **Apomorphine** | | **200mg / 2mg** | **Troches**  **Dye-free Capsule** | **30 90** | **1 2 \_\_\_**  **PRN none** |
| **SIG** | **Troche: completely dissolve ¼ ½ 1 troche under tongue 30 minutes prior to sexual activity**  **Capsule: take 1 capsule by mouth 30 minutes prior to sexual activity** | | | | |
| **Medication** | | **Strength** | **Supplied** | **Quantity** | **Refills** |
| **Tadalafil /**  **Apomorphine** | | **5mg / 2mg 10mg / 2mg**  **20mg / 2mg** | **Troches**  **Dye-free Capsule** | **20 30**  **60 90** | **1 2 \_\_\_**  **PRN none** |
| **SIG** | **Troche: completely dissolve ¼ ½ 1 troche under tongue QD 1-2 hours prior to sexual activity**  **Capsule: take 1 capsule by mouth once daily 1-2 hours prior to sexual activity** | | | | |

**Commercial Tablets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication** | | **Strength** | **Supplied** | **Quantity** | **Refills** |
| **Sildenafil** | | **25mg 50mg**  **100mg** | **Tablet** | **30 90** | **1 2 \_\_\_**  **PRN none** |
| **Tadalafil** | | **5 mg 10 mg 20mg** | **Tablet** | **30 90** | **1 2 \_\_\_**  **PRN none** |
| **SIG** | **Tablet: Take 1 tablet by mouth 30 minutes 1 hour prior to sexual activity.**  **Take 1 tablet by mouth once daily** | | | | |



**ONLINEFORM-EDO1**

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

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

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

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

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