

Patient Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 DOB: _____ Phone # _____ Allergies: _____
 New Patients: Fax current insurance information with RX

Credit Card Information:
 Type: Visa MC Amex Discover
 Number: _____
 Exp: ____/____ CVV: _____

Sublingual Troches
 Sildenafil 25 mg 50 mg 100 mg
 Tadalafil 5 mg 10 mg 20 mg
 Vardenafil 5 mg 10 mg 20 mg
 Dissolve one troche under the tongue 30 minutes prior to sexual activity or as directed by physician
 Dispense: 10 20 30 90 troches
 Refills: _____

Papaverine _____ mg
 Phentolamine _____ mg
 Alprostadil _____ mcg
 Inject _____ units as directed by physician
 Dispense: 2 ml 5 ml 10 ml _____ ml
 Refills: _____
 PGE Topical Cream _____ mcg/ml Disp# _____ Refills: _____
 Sig: Apply _____
 Muse Implant 125 mcg 250 mcg 500 mcg 1000 mcg
 Sig: _____ Disp # _____ Refills: _____

Testosterone 50 mg/ml 100 mg/ml 200 mg/ml cream
 Sig: Apply _____ mg/day _____ mg Disp # _____ Refills _____
 Testosterone Injections (in Sesame Oil) 200 mg/ml 10 ml vial
 sig: _____ ml = _____ mg IM q _____ weeks Disp _____ Refills _____
 DHEA Cream _____ mg Disp # _____ Refills _____
 sig: _____
 HCG 1100 U/1ml 5 ml vial (for tecticular atrophy)
 sig: Inject SQ 500 U 750 U 1000 U _____ x per week
 Clomiphene Citrate 50 mg Capsules
 sig: _____ Dispense # _____ Refills _____
 Thyroid USP T3 _____ mg / T4 _____ mg
 sig: _____ Disense# _____ Refills _____

Verapamil Cream _____ mg/ml Disp # _____ Refills: _____
 Sig: Apply _____
 Urocholine Cream _____ mg/ml Disp# _____ Refills: _____
 Sig: Apply _____
 Lidocaine Topical _____ % Disp# _____ Refills: _____
 Sig: Apply _____
 Oxybutynin cream 5% 12.5% Disp# _____ Refills: _____
 Sig: _____
 Methylcobalamin _____ mcg/ml Disp# _____ Refills: _____
 Sig: _____

PELLET THERAPY
 Estradiol: 12.5 mg 25 mg 50 mg Other: _____
 Quantity: _____
 Testosterone: 50 mg 72.5 mg 100 mg
 Quantity: _____
 Date Needed (Appointment Date): _____
 * Please allow 72 hour lead time on Pellet orders *

Female Hormones
 Cream Vaginal Suppository
 Bi-Est: Ratio: 80/20 70/30 50/50 / Dose 0.625 mg 1.25 mg 2.5 mg _____ mg
 Progesterone: 50 mg 100 mg _____ mg
 Testosterone: 1 mg 2 mg 4 mg _____ mg
 Sig: _____ Refills: _____
 Estradiol Cream _____ mg/ml Disp# _____ Refills: _____
 sig: _____

Pain Formulas:
 Anti-Inflammatory: Celecoxib 15%, Diclofenac 3%, Gabapentin 3%, Bupivacaine 4%, Prilocaine 3%, Cetyl Myristoleate 2%
 Neuropathic Pain: Gabapentin 20%, Celecoxib 10%, Amitriptyline 4%, Diclofenac 3%, Baclofen 2%, Bupivacaine 2%, Cetyl Myristoleate 2%
 Medicare Formula: Gabapentin 6%, Diclofenac 3%, Prilocaine 1%, Lidocaine 1%, Meloxicam 0.09%
 Sig: Apply 1-2 grams to affected area 4-6 times daily as needed for pain Dispense: 360 GM (1 months supply) Refills: _____

Wound and scar:
 Scar: Fluticasone Propionate 0.1%, Levocetirizine Dihydrochloride 8%, Pentoxifylline 3%, Ubiquinol 15% in Freedom Pharmaceutical Silomac Anhydrous Base
 Wound: Mupiricin 5%, Metronidazole 1%, Itraconazole 5%, Lidocaine 2%
 Add Levofloxacin _____ mg
 W/ Debridement: Add Collegenase 250 mcg (Omit Silver Sulfadiazine 1%)
 For Wound Closure: Add Phenytoin 5% AND Misoprostol 0.0024%

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

NPI# _____ DEA# _____

