

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 |
| SIG | <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 |
| SIG | <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 |
| SIG | 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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