Office Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: ( ) _____ - _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ____ /____ /_____ Phone: ( ) _____ - _____

Allergies: _____

New Patient: Fax current insurance information with R_x

MALE PERFORMANCE & TRT

	Medications (must write Testosterone)	Concentration	Supplied	Directions	Refills
Testosterone Replacement	_____ **Plus - Cypionate 200mg/ml** (Sesame Oil) with Enanthate 20mg/ml		☐ 5ml ☐ 10 ml	INJ ___ml ___ weekly ☐ include kit	☐ ____ ☐ none
	_____ **Cypionate 200mg/ml (Commercial)**		☐ 10ml	INJ ___ml ___ weekly ☐ include kit	☐ ____ ☐ none
	_____ **Transdermal Gel**	☐ 50mg ☐ 100 mg ☐ 200mg	☐ 30 day ☐ 60 day ☐ 90 day	Apply _____ gm QD	☐ ____ ☐ none
	Human Chorionic Gonadotropin (hCG) with Methylcobalamin	1000 mcg/ml with 100 mcg/ml methylcobalamin	☐ 5 ml ☐ 10 ml	INJ ___iu SQ ___weekly ☐ include kit	☐ ____ ☐ PRN
	Clomiphene Citrate (tablet)	50mg	☐ 30 ☐ 90	take 1 PO QD	☐ ____ ☐ PRN
	Anastrozole (tablet)	1mg	☐ 30	☐ ¼ ☐ ½ ☐ 1 tablet PO ☐ 2 QWK ☐ 3 QWK ☐ daily	☐ ____ ☐ PRN

	Medications (must write controlled)	Concentration	Quantity	Directions	Refills
Sermorelin & Nandrolone	**Sermorelin**	1000 mcg/ml	☐ 6 ml ☐ 12 ml ☐ 18 ml	☐ INJ 0.3ml SQ QD Mon – Fri ☐ _____	☐ ___ ☐ PRN ☐ none
	_____ **Deconate**	200mg/ml	☐ 5ml ☐ 10 ml	INJ ___ml ___ QWK	☐ ____ ☐ none

	Medication	Strength	Supplied	Quantity	Refills
Sexual Performance	**Sildenafil** with Apomorphine 2mg	☐ 25mg ☐ 50 mg ☐ 100 mg	☐ Troches ☐ Dye-free Capsule	☐ 20 ☐ 30 ☐ 60 ☐ 90	☐ 1 ☐ 2 ☐ ___ ☐ PRN ☐ none
	Vardenafil with Apomorphine 2mg	☐ 5mg ☐ 10mg ☐ 20mg	☐ Troches ☐ Dye-free Capsule	☐ 20 ☐ 30 ☐ 60 ☐ 90	☐ 1 ☐ 2 ☐ ___ ☐ PRN ☐ none
	Avanafill with Apomorphine 2mg	☐ 50mg ☐ 100mg ☐ 200mg	☐ Troches ☐ Dye-free Capsule	☐ 20 ☐ 30 ☐ 60 ☐ 90	☐ 1 ☐ 2 ☐ ___ ☐ PRN ☐ none
	Directions	☐ 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			
	Tadalafil with Apomorphine 2mg	☐ 5mg ☐ 10mg ☐ 20mg	☐ Troches ☐ Dye-free Capsule	☐ 20 ☐ 30 ☐ 60 ☐ 90	☐ 1 ☐ 2 ☐ ___ ☐ PRN ☐ none
	Directions	☐ Troche: completely dissolve ☐ ¼ ☐ ½ ☐ 1 troche under tongue ☐ once daily ☐ 1-2 hours prior to sexual activity ☐ Capsule: take 1 capsule by mouth ☐ once daily ☐ 1-2 hours prior to sexual activity			

Erectile Dysfunction Commercial Tablets

Medication	Strength	Supplied	Quantity	Refills
Sildenafil	☐ 25mg ☐ 50 mg ☐ 100 mg	Tablets	☐ 20 ☐ 30 ☐ 60 ☐ 90	☐ 1 ☐ 2 ☐ ___ ☐ PRN ☐ none
Directions	☐ Take 1 capsule by mouth 30 minutes prior to sexual activity			
Tadalafil	☐ 5mg ☐ 10mg ☐ 20mg	Tablets	☐ 20 ☐ 30 ☐ 60 ☐ 90	☐ 1 ☐ 2 ☐ ___ ☐ PRN ☐ none
Directions	☐ Take 1 capsule by mouth ☐ once daily ☐ 1-2 hours prior to sexual activity			

PCAB ACCREDITED Compounding Pharmacy

Compounding PHARMACY OF AMERICA

(office) 855-277-2488 (fax) 888-689-9892

Prescriber Name: _____

Prescriber Signature: _____

DEA# _____ **NPI#** _____

Date: ____ / ____ / _____

Supervising Physician: _____ **DEA#** _____