

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
	_____ <input type="checkbox"/> cream <input type="checkbox"/> 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 <input type="checkbox"/> 60mg / 0.5mg	Months <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 PO QD <input type="checkbox"/> 1 PO 3 QW	<input type="checkbox"/> ____ <input type="checkbox"/> PRN
	DHEA <input type="checkbox"/> cream <input type="checkbox"/> capsule <input type="checkbox"/> troche	<input type="checkbox"/> 10mg <input type="checkbox"/> 15mg <input type="checkbox"/> 20mg <input type="checkbox"/> ____ mg	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90	<input type="checkbox"/> apply ____ gm qD <input type="checkbox"/> 1 PO qD	<input type="checkbox"/> ____ <input type="checkbox"/> PRN
	Pregnenolone <input type="checkbox"/> cream <input type="checkbox"/> capsule <input type="checkbox"/> troche	<input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/> 250mg <input type="checkbox"/> ____ mg	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90	<input type="checkbox"/> apply ____ gm qD <input type="checkbox"/> 1 PO qD	<input type="checkbox"/> ____ <input type="checkbox"/> PRN
Combination (1) cream	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90	<input type="checkbox"/> apply ____ gm qD	<input type="checkbox"/> ____ <input type="checkbox"/> PRN	
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 under tongue 30 minutes prior to sexual activity	<input type="checkbox"/> ____ <input type="checkbox"/> PRN
★	Tadalafil / Bremelanotide / Oxytocin (sublingual troche)	25mg / 2000iu / 125iu	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	<input type="checkbox"/> ½ <input type="checkbox"/> 1 PO under tongue 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 #: _____

RPS2021



Office: (855) 277-2488 Fax: (888) 689-9892