

ERECTILE DYSFUNCTION (ED)

HEALTH

MR Compounding Pharmacy

Date: _____

Name: _____

Address: _____

Date of Birth: _____ Telephone: _____

Allergies: _____

PLEASE CHECK THE APPROPRIATE BOXES:

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Sermorelin Acetate 1 mg/mL injection | 3 mL | \$55 |
| <input type="checkbox"/> PT 141 (Bremelanotide) 10 mg/mL injection | 5 mL | \$110 |
| <input type="checkbox"/> NAD (200 mg/mL) | 3 mL | \$42 |
| <input type="checkbox"/> Glutathione 200 mg/mL | 10 mL | \$34 |
| <input type="checkbox"/> B12 injection 1 mg/mL | 30 mL | \$45 |
| <input type="checkbox"/> Testosterone Cypionate 200 mg/mL | 10 mL | \$60 |
| <input type="checkbox"/> Pregnyl (HCG) injection 1000 IU | 10 mL | \$194 |
| <input type="checkbox"/> Trimix (S) injection | 5 mL | \$60 |

S = Alprostadil/Papaverine/Phentolamine (10 mcg / 30 mg / 1 mg/mL)

- | | | |
|--|------|------|
| <input type="checkbox"/> Trimix (DS) injection | 5 mL | \$70 |
|--|------|------|

DS = Alprostadil/Papaverine/Phentolamine (20 mcg / 30 mg / 1 mg/mL)

- | | | |
|---|------|------|
| <input type="checkbox"/> Trimix (H) injection | 5 mL | \$80 |
|---|------|------|

H = Alprostadil/Papaverine/Phentolamine (45 mcg / 30 mg / 1 mg/mL)

PROVIDER INFORMATION:

Name: _____

Practice: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

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PLEASE CHECK THE APPROPRIATE BOXES:

COMPOUND, STRENGTH, AND DIRECTIONS	QTY	REFILLS	PRICE
<input type="checkbox"/> Sildenafil 110 mg / Tadalafil 22 mg / Apomorphine 3 mg Troche/Rapid ODT Directions: Take 1 troche S/L daily as directed			
<input type="checkbox"/> Sildenafil 50 mg / Tadalafil RDD 20 mg Directions:			
<input type="checkbox"/> Sildenafil 110 mg / Tadalafil 22 mg Troche Directions:			
<input type="checkbox"/> Sildenafil Capsule SR <input type="checkbox"/> 55 mg, OR <input type="checkbox"/> 110 mg Directions:			
<input type="checkbox"/> Tadalafil 20 mg Troche Directions:			

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<input type="checkbox"/> Sildenafil 110 mg Troche Directions:			
<input type="checkbox"/> Tadalafil Capsule SR <input type="checkbox"/> 6 mg, OR <input type="checkbox"/> 12 mg, OR <input type="checkbox"/> 24 mg Directions:			
<input type="checkbox"/> Apomorphine 8 mg / Sildenafil 80 mg Troche Directions:			
<input type="checkbox"/> Apomorphine 8 mg / Tadalafil 20 mg Troche Directions:			
<input type="checkbox"/> Oxytocin Acetate 100 IU / Tadalafil 20 mg / PT-141 (Bremelanotide Acetate) 2 mg Troche Directions:			
<input type="checkbox"/> Cialis Lozenge Directions:			
<input type="checkbox"/> Sermorelin Acetate 500 mcg Troche Directions:	30		\$90
<input type="checkbox"/> Ipamorelin Acetate 300 mcg / Sermorelin Acetate 300 mcg Troche Directions:	30		\$100
<input type="checkbox"/> PT 141 / Tadalafil / Oxytocin 2 mg/20 mg/100 IU Troche Directions:	30		\$130

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