



Patient Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 DEA: \_\_\_\_\_ NPI: \_\_\_\_\_

**COMPOUNDED MEDICATION OPTIONS**

**PROSTATITIS/ERECTILE DYSFUNCTION**

Tadalafil 5mg - 10mg Troche

Dissolve \_\_\_\_\_ Troche PO QD or 30min prior to sexual activity Dispense \_\_\_\_\_ Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

**HORMONE REPLACEMENT**

Must write in controlled substances (ie Testosterone)

\_\_\_\_\_ mg (50-300mg) in Atrevis Cream Troche SL Oil

Apply \_\_\_\_\_ mg to inner thigh daily Dissolve \_\_\_\_\_ troche PO QD or \_\_\_\_\_ 30min prior to sexual activity

Dispense \_\_\_\_\_ month supply Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

DHEA capsule 10mg 15mg 20mg Take \_\_\_\_\_ capsule PO daily Cream 10mg 15mg 20mg Apply \_\_\_\_\_ mL topically daily

Dispense \_\_\_\_\_ month supply Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

Clomiphene capsule 20mg 40mg

Take 1 capsule PO \_\_\_\_\_ daily or \_\_\_\_\_ times a week Dispense \_\_\_\_\_ Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

**COMMERCIALY AVAILABLE PRODUCTS**

Sildenafil tablet 25mg 50mg 100mg

Take 1 tablet PO 1-2hrs prior to sexual activity Dispense \_\_\_\_\_ month supply Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

Anastrozole tablet 1mg

Take 1 tablet PO \_\_\_\_\_ times weekly Dispense \_\_\_\_\_ month supply Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

Testosterone Cypionate Injection 100mg/mL 200mg/mL

Inject \_\_\_\_\_ mL IM every \_\_\_\_\_ Dispense \_\_\_\_\_ month supply Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

Tamsulosin 0.4mg capsule

Take 1 tab PO daily Dispense \_\_\_\_\_ month supply Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

Finasteride Tablet 5mg

Take 1 tab PO daily Dispense \_\_\_\_\_ month supply Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

Alfuzosin ER 10mg tablet

Take 1 tab PO daily Dispense \_\_\_\_\_ month supply Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

Silodosin tablet 4mg 8mg

Take 1 tablet PO daily Dispense \_\_\_\_\_ Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IF YOU DO NOT SEE WHAT YOU NEED,  
 PLEASE CALL: 806-209-5140

