



2222 Indiana Ave.
Lubbock, TX 79410

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 Troche 5mg 10mg 20mg

Dispense 30 Refills 1 2 3 4 5
 Dissolve _____ Troche PO QD or 30mins prior to sexual activity
 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: _____

Enclomiphene capsule 12.5mg 25mg

Take 1 capsule PO _____ daily or _____ times a week Dispense _____ Refills 1 2 3 4 5
 Additional Instructions: _____

INJECTABLES

Testosterone Cypionate in MCT oil 50mg/mL 100mg/mL 200mg/mL

Inject _____ mL IM every _____ Dispense _____ month supply Refills 1 2 3 4 5
 Additional Instructions: _____

TRIMIX (Papavarine/ Phentolamine/ Alprostadil)

- 30mg/1mg/10mcg/mL
- 30mg/2mg/20mcg/mL
- 30mg/2mg/40mcg/mL

Inject _____ units intra-cavernosa 15-20 minutes prior to expected intercourse at the 3 o'clock or 9 o'clock positions. May titrate up by _____ units to max of _____ units. Dispense 5mL Refills 1 2 3 4 5
 Additional Instructions: _____

DELIVERY

- Mail to Patient
- Pick up at Ivy
- Deliver to Patient

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

PROVIDER SIGNATURE: _____
DATE: _____

