



1201 East Second Street
Defiance, OH 43512
Phone 419-784-4800

FAX COMPLETED FORM TO
419-784-4777

Men's ED Compounded Medication Order Form

Page 1 of 1

PATIENT		
First name	Last name	Date of birth
Address		City, State, ZIP
Primary phone	Secondary phone	Allergies

ORAL OPTIONS	
Sildenafil Oral Troches ☐ 20mg (\$60) ☐ 50mg (\$70) Sig: _____ Qty: _____ Refills: _____	Tadalafil Oral Troches ☐ 17.5mg (\$60) ☐ 22.5mg (\$70) Sig: _____ Qty: _____ Refills: _____
☐ Apomorphine 3mg Troches (\$65) Sig: Dissolve 1 troche between cheek & gum 15-30 mins prior sexual activity Qty: _____ Refills: _____	

INJECTABLE OPTIONS (MODERATE-SEVERE)
☐ Tri-Mix (Papaverine 17.65 mg/ml / Phentolamine 0.59mg/ml / PGE 5.9mcg/ml) Injectable (\$99)
☐ Tri-Mix (Papaverine 30 mg/ml / Phentolamine 1mg/ml / PGE 10mcg/ml) Injectable (\$109)
☐ Tri-Mix (Papaverine 30 mg/ml / Phentolamine 1mg/ml / PGE 25mcg/ml) Injectable (\$119)
☐ Bi-Mix (Papaverine 30mg/ml / Phentolamine 3mg/ml) Injectable (\$99) Sig: Inject 0.1mls as needed for erectile dysfunction. Can increase by 0.05ml until good results. Max = 0.5mls daily Qty: #2.5ml Refills: _____

Additional formulas are available. Please contact the pharmacist at 419-784-4800 with any questions.

PRESCRIBER		
Prescriber name (print)	NPI #	DEA #
Address	City, State, ZIP	Phone
Prescriber signature		Date