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**HYDRALAST & UROLOGY ORDER FORM**

| PATIENT INFORMATION  |                   |                                    |
|--|-------------------|------------------------------------|
| FIRST NAME:  | LAST NAME:        | DATE of BIRTH (Month / Day / Year) |
| PRIMARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK <span style="margin-left: 100px;">SECONDARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK</span> |                   |                                    |
| ADDRESS:   | CITY, STATE, ZIP: | ALLERGIES:                         |

**HYDRALAST**

Sildenafil     25mg    50mg    100mg   \_\_\_\_\_ Qty.    Flavor:  Grape    Lemon Tea    Pineapple Mango  
 Tadalafil         5mg     10mg     20mg    \_\_\_\_\_ Qty.    Flavor:  Grape     Lemon Tea    Pineapple Mango

**OTHER UROLOGY MEDICATIONS**

Alprostadil  20    40 mcg/ml    5ml    10ml  
 Bimix (Papaverine/Phentolamine) 30mg / 0.5mg/ml    5ml    10ml  
 Bimix A (Papaverine/Phentolamine) 30mg / 1mg/ml    5ml    10ml  
 Custom Bimix (Papaverine/Phentolamine) \_\_\_\_\_mg / \_\_\_\_\_g/ml    5ml    10ml  
 Trimix Mayo : Standard (Papaverine/Phentolamine/Alprostadil) 18mg / 0.6mg / 5.88mcg/ml    5ml    10ml  
 Trimix Mayo : Double (Papaverine/Phentolamine/Alprostadil) 18mg / 0.6mg / 11.8mcg/ml    5ml    10ml  
 Trimix Mayo : Super (Papaverine/Phentolamine/Alprostadil) 18mg / 0.6mg / 30mcg/ml    5ml    10ml  
 Trimix I (Papaverine/Phentolamine/Alprostadil) 30mcg / 0.5mg / 10mcg/ml    5ml    10ml  
 Trimix II (Papaverine/Phentolamine/Alprostadil) 30mg / 0.5mg / 20mcg/ml    5ml    10ml  
 Trimix IA (Papaverine/Phentolamine/Alprostadil) 30mg / 1mg / 10mcg/ml    5ml    10ml  
 Trimix IB (Papaverine/Phentolamine/Alprostadil) 30mg / 1mg / 20mcg/ml    5ml    10ml  
 Custom Trimix (Papaverine/Phentolamine/Alprostadil) \_\_\_\_\_mg / \_\_\_\_\_mg / \_\_\_\_\_mcg/ml    5ml    10ml  
 Quadmix I (Papaverine/Phentolamine/Alprostadil/Atropine) 9mg / 1mg / 10mcg / 0.1mg/ml    5ml    10ml  
 Quadmix II (Papaverine/Phentolamine/Alprostadil/Atropine) 9mg / 1mg / 20mcg / 0.1mg/ml    5ml    10ml  
 Custom Quadmix (Papaverine/Phentolamine/Alprostadil/Atropine) \_\_\_\_\_mg / \_\_\_\_\_mg / \_\_\_\_\_mcg / \_\_\_\_\_mg/ml    5ml    10ml  
 Syringes 1cc, 31G, 5/16" \_\_\_\_\_ # (Pack of 10)  
 Syringes 1/2cc, 31G, 5/16" \_\_\_\_\_ # (Pack of 10)  
 Syringes 3/10cc, 31G, 5/16" \_\_\_\_\_ # (Pack of 10)  
 Sudafed \_\_\_\_\_ # (Box of 24)  
 Sildenafil  20mg    25mg    50mg    100mg Tabs. \_\_\_\_\_ Qty.  
 Tadalafil  5mg    10mg    20mg Tabs. \_\_\_\_\_ Qty.  
 Tadalafil 4mg / Maca Root 300mg /  With    Without Vitamin D3 1000 iu Capsules (Compounded) \_\_\_\_\_ Qty.  
 Tadalafil 23mg / Maca Root 300mg /  With    Without Vitamin D3 1000 iu Capsules (Compounded) \_\_\_\_\_ Qty.  
 Clomiphene Citrate 50mg Tabs \_\_\_\_\_ Qty.  
 Sildenafil 100mg RDT \_\_\_\_\_ Qty.  
 Tadalafil 22mg RDT \_\_\_\_\_ Qty.  
 Muse Suppository  125mg    250mg    500mg    1000mg # 6 Suppositories

Refills:  1    2    3    4    5    6    PRN    NR   SIG: \_\_\_\_\_

**WRITE PRESCRIPTION / ADDITIONAL COMMENTS**

|                |                           |            |              |
|----------------|---------------------------|------------|--------------|
| DOCTOR         | PHONE                     | NPI #      | DEA #        |
| OFFICE MANAGER | PHONE                     | OFFICE FAX | OFFICE Email |
| SIGNATURE      | DATE (Month / Day / Year) |            |              |