NABP Accredited Compounding Pharmacy

a daywel company
MILLERS
SINCE 1919

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HYDRALAST & UROLOGY ORDER FORM

PATIENT INFORMATION

FIRST NAME: LAST NAME: DATE of BIRTH (Month / Day) ____/____

PRIMARY PHONE #: ◯ CELL ◯ HOME ◯ WORK SECONDARY PHONE #: ◯ CELL ◯ HOME ◯ WORK

ADDRESS: CITY, STATE, ZIP: ALLERGIES:

HYDRALAST

☐ Sildenafil Qty. ◯15 ◯30 ◯25mg ◯50mg ◯100mg Flavor: ◯Grape ◯Lemon Tea ◯Pineapple Mango

☐ Tadalafil Qty. ◯15 ◯30 ◯5mg ◯10mg ◯20mg 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) ____/____/____