NABP Accredited Compounding Pharmacy

MILLERS PHARMACY SINCE 1919

Phone: 1-877-493-7252
Fax: 201-891-1312
SMS: 201-308-0133
Contactus@hydralast.com

HYDRALAST ORDER FORM

PATIENT INFORMATION

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

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

ADDRESS: CITY, STATE, ZIP: ALLERGIES:

HYDRALAST MEDICATIONS

◯ **Sildenafil**

Quantity:
- ◯ 15
- ◯ 30

Strength:
- ◯ 25mg
- ✔ 50mg
- ◯ 100mg

Flavor:
- ◯ Grape
- ◯ Lemon Tea
- ◯ Pineapple Mango

◯ **Tadalafil**

Quantity:
- ◯ 15
- ◯ 30

Strength:
- ◯ 5mg
- ◯ 10mg
- ◯ 20mg

Flavor:
- ◯ Grape
- ◯ Lemon Tea
- ◯ Pineapple Mango

Refills: ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ PRN ◯ N R S I G:_____

WRITE PRESCRIPTION / ADDITIONAL COMMENTS

DOCTOR PHONE NPI # DEA #

OFFICE MANAGER PHONE OFFICE FAX OFFICE Email

SIGNATURE DATE (Month / Day / Year) _____/____/_____