



Compounding Pharmacy
Unique Medications For Your Individual Patients

Urology • Urogynocolgy • OB/Gyn • Fax Prescription Form • 805.733.2061
Possible Compound Combinations

Date: _____ DOB: _____ Phone: _____

Patient Name: _____ Diagnosis: _____

Address: _____ City: _____ State: _____ Zip: _____

Erectile Dysfunction:

- Trimix 30 mg / 1 mg / 10 mcg / mL (Papaverine / Phentolamine / Alprostadil (Injectable OR Transdermal Gel)
- Trimix 30 mg / 2 mg / 20 mcg / mL (Injectable OR Trasdermal Gel)
- Trimix 30 mg / 2 mg / 40 mcg / mL (Injectable OR Trasdermal Gel)
- Testosterone Cypionate 200 mg / mL (Injectable)
- Testosterone Propionate Gel/ Cream

Fertility:

- Progesterone in Oil Injection 50mg/ml
- Hydroxyprogesterone 250mg/ml inj

Female Sexual Dysfunction:

- Testosterone 2% Thick Gel
- Aminophylline 3%/Arginine HCL 6% Topical Cream

Premature Ejaculation:

- B.L.T. Gel (Premature Ejaculation anesthetic)

Dispense: _____ Refill: 1 2 3 4 5 pm SIG: _____

Other Customized Script: _____

Doctor's Name: _____ DEA: _____

Signature: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Our products can be customized for your practice. Call us for more details!