



Name _____ Birthdate _____
Address _____
Daytime contact phone number _____

TESOSTERONE CREAM

◇100mg/day ◇150mg/day ◇200mg/day ◇300mg/day ◇ ____ Directions: apply once daily #1 MONTH SUPPLY ____ REFILLS

- Androstenedione SL Troches 10 - 100 mg
- Arginine SR Caps
- Chrysin Cream (aromatase inhibitor) 25-50 mg
- DHEA SR Caps 5 - 25 mg
- DHEA SL Rapid Dissolve Tablets 5 - 25 mg
- DHEA Cream 0.125 - 12.5 mg / mL
- Testosterone Implantable Pellets 50-100 mg
- Testosterone SL Troches 2 - 20 mg
- Testosterone Cypionate PF 100-200 mg / mL (Injectable)
- Testosterone Enanthate PF 100-200 mg / mL (Injectable)
- TRIMIX _____
- SILDENAFIL TROCHE _____
- FINASTERIDE HAIR SPRAY _____

Physician's Name _____ Physician's signature _____ DEA _____
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191 West Burton Mesa Blvd | Suite A | Lompoc | CA 93436
PHONE 805.733.2060 FAX 805.733.2061 | TOLL FREE
800.805.7360



PLEASE FAX PRESCRIPTION TO 805 733 2061

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