



Fax completed form to (847) 362-1304  
Call (847) 362-2005 with any questions

### Patient Information

Name:

Date of Birth:

Address:

Phone Number:

Allergies:

### Prescription Information

- Sildenafil 55 mg & Tadalafil 22 mg per dose sublingual EDGE granules
- Sildenafil 30 mg & Tadalafil 12 mg per dose sublingual EDGE granules
- Sildenafil \_\_\_ mg & Tadalafil \_\_\_ mg per dose sublingual EDGE granules  
(may require extra labor charge)

Directions:

- Dissolve 1 dose pack under tongue once a day as needed
- \_\_\_\_\_

Quantity:

Refills:

### Prescriber Information

Name:

Phone:

Address:

NPI:

Signature:

Date:

Would you be interested in adding your contact information to a list of EDGE Granules prescribers for interested patients?  Yes  No