

# Sterile Compounded Medication Prescription Template

|                |                  |  |            |                    |
|----------------|------------------|--|------------|--------------------|
| <b>Patient</b> | Last Name        |  | First Name |                    |
|                | Phone            |  | Birth Date | ____ / ____ / ____ |
|                | Address          |  |            |                    |
|                | City, State, Zip |  | Allergies  |                    |

  

|                                   |                                                                                                     |                                                                                                                                                                                                                                            |                                                                 |            |
|-----------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|
| <b>Weight Loss &amp; Wellness</b> | <input type="checkbox"/> Sermorelin 9 mg vial (for reconstitution)                                  | <input type="checkbox"/> Inject 0.33 ml (0.3 mg) at bedtime<br><input type="checkbox"/> Inject 0.33 ml (0.3 mg) 5 days per week<br><input type="checkbox"/> Other:                                                                         | 9 mg vial                                                       | 11 refills |
|                                   | <input type="checkbox"/> NAD+ 100 mg/ml                                                             | <input type="checkbox"/> Inject 30 units (0.3 ml) SQ every day. May increase to 50 units (0.5 ml) Monday through Friday.<br><input type="checkbox"/> Inject 50 units (0.5 ml) SQ Monday through Friday.<br><input type="checkbox"/> Other: | 10 ml                                                           | 11 refills |
|                                   | <input type="checkbox"/> Liraglutide 6 mg/ml                                                        | <input type="checkbox"/> Inject 0.6 mg subcutaneously daily. Slowly titrate as directed up to 3 mg daily<br>Week 1: 0.6 mg daily      Week 4: 2.4 mg daily<br>Week 2: 1.2 mg daily      Week 5+: 3 mg daily<br>Week 3: 1.8 mg daily        | <input type="checkbox"/> 5 ml<br><input type="checkbox"/> 10 ml | 11 refills |
|                                   | <input type="checkbox"/> Methylcobalamin 5 mg/ml                                                    | <input type="checkbox"/> Inject 0.2 ml IM once weekly<br><input type="checkbox"/> Inject 0.2 ml IM every 2 weeks<br><input type="checkbox"/> Other:                                                                                        | 10 ml                                                           | 11 refills |
|                                   | <input type="checkbox"/> MICC (Methionine 25mg, Inositol 50mg, Choline 50mg, Cyanocobalamin 0.33mg) | <input type="checkbox"/> Inject 1 ml IM 1 to 3 times weekly<br><input type="checkbox"/> Inject _____ ml IM _____ times weekly<br>*FOR IM INJECTION ONLY*                                                                                   | 10 ml                                                           | 11 refills |
|                                   | <input type="checkbox"/> Glutathione 200 mg/ml                                                      | <input type="checkbox"/> Inject 1 ml IM 1 to 3 times weekly<br><input type="checkbox"/> Inject _____ ml IM _____ times weekly                                                                                                              | <input type="checkbox"/> 5 ml<br><input type="checkbox"/> 10 ml | 11 refills |

  

|                             |                                         |                                                                                       |                                                                                                                                                                                                                                                                                        |                                                                                                    |            |
|-----------------------------|-----------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|
| <b>Erectile Dysfunction</b> | <input type="checkbox"/> Trimix (T-105) | Papaverine 30 mg<br>Phentolamine 1 mg<br>Alprostadil (PGE-1) 10 mcg                   | <input type="checkbox"/> Inject 0.05 – 0.5 ml intracavernosally as needed. Adjust dose per response. Max 3 doses per week.<br><input type="checkbox"/> Inject _____ ml intracavernosally as needed. Adjust dose per response. Max 3 doses per week.<br><input type="checkbox"/> Other: | <input type="checkbox"/> 2.5 ml<br><input type="checkbox"/> 5 ml<br><input type="checkbox"/> 10 ml | 11 refills |
|                             | <input type="checkbox"/> Trimix (T-106) | Papaverine 30 mg<br>Phentolamine 1 mg<br>Alprostadil (PGE-1) 25 mcg                   |                                                                                                                                                                                                                                                                                        |                                                                                                    |            |
|                             | <input type="checkbox"/> Quadmix (QM2)  | Papaverine 30 mg<br>Phentolamine 3 mg<br>Alprostadil (PGE-1) 60 mcg<br>Atropine 0.2mg |                                                                                                                                                                                                                                                                                        |                                                                                                    |            |
|                             | <input type="checkbox"/> Other:         |                                                                                       |                                                                                                                                                                                                                                                                                        |                                                                                                    |            |

  

|                   |           |                                                                                  |         |                                                                            |
|-------------------|-----------|----------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------|
| <b>Prescriber</b> | Name      |                                                                                  | Phone   |                                                                            |
|                   | Address   |                                                                                  | DEA/NPI |                                                                            |
|                   | Signature |                                                                                  | Date    |                                                                            |
|                   | Shipping  | <input type="checkbox"/> Ship to clinic <input type="checkbox"/> Ship to patient | Billing | <input type="checkbox"/> Bill clinic <input type="checkbox"/> Bill patient |

1. All products are recommended to be discarded 28 days after first puncture of vial per CDC guidelines.
2. Sermorelin, NAD+, Liraglutide, Trimix & Quadmix are authorized for 12 months of 30G 1/2" 1 ml syringes & alcohol swabs.
3. Methylcobalamin, MICC and Glutathione are authorized for 12 months of 25G 1" 3 ml syringes & alcohol swabs.

☐ Fax to Mix Pharmacy – 651-925-8659

☐ Other: