

Sterile Compounded Medication Prescription Template

Patient	Last Name		First Name	
	Phone		Birth Date	____ / ____ / ____
	Address			
	City, State, Zip		Allergies	

Weight Loss & Wellness	<input type="checkbox"/> Sermorelin 0.9mg/ml	<input type="checkbox"/> Inject 33 units on insulin syringe (0.3 mg) at bedtime <input type="checkbox"/> Inject 33 units on insulin syringe (0.3 mg) 5 days per week <input type="checkbox"/> Other:	10 ml	11 refills
	<input type="checkbox"/> NAD+ 100 mg/ml	<input type="checkbox"/> Inject 0.3ml SQ every day. May increase to 0.5 ml Monday through Friday. <input type="checkbox"/> Inject 0.5 ml SQ Monday through Friday. <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 Week 1: 0.6 mg daily Week 4: 2.4 mg daily Week 2: 1.2 mg daily Week 5+: 3 mg daily Week 3: 1.8 mg daily	<input type="checkbox"/> 5 ml <input type="checkbox"/> 10 ml	11 refills
	<input type="checkbox"/> Methylcobalamin 5 mg/ml	<input type="checkbox"/> Inject 0.2 ml IM once weekly <input type="checkbox"/> Inject 0.2 ml IM every 2 weeks <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 <input type="checkbox"/> Inject _____ ml IM _____ times weekly *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 <input type="checkbox"/> Inject _____ ml IM _____ times weekly	<input type="checkbox"/> 5 ml <input type="checkbox"/> 10 ml	11 refills

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

Prescriber	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: