

# PharmaLabs Prescription Order Form - All States\* EXCEPT California

FAX: (727) 576-6655 (at present PharmaLabs cannot ship medications to AL, AK, AR, KY, LA, MS, ND, SD TN, and WV.)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ERECTILE DYSFUNCTION:

### INTRACAVERNOSAL INJECTION:

	Mixture	Papaverine (mg/mL)	Phentolamine (mg/mL)	PGE1 (ug/mL)
<input type="checkbox"/>	PGE1*	-	-	25
<input type="checkbox"/>	Bimix 30/2	30	2	-
<input type="checkbox"/>	Bimix #3	15	0.5	-
<input type="checkbox"/>	Bimix #4	30	1	-
<input type="checkbox"/>	Trimix #5	30	1	10
<input type="checkbox"/>	Trimix #6	30	4	2.5
<input type="checkbox"/>	Trimix #7	30	4	5
<input type="checkbox"/>	Trimix #8	30	2	20
<input type="checkbox"/>	Trimix #9	30	4	40
<input type="checkbox"/>	Bimix #10	30	4	-
<input type="checkbox"/>	Trimix #11	30	4	7.5
<input type="checkbox"/>	Trimix #12	30	4	10
<input type="checkbox"/>	Trimix #13	30	6	60
<input type="checkbox"/>	Trimix #14	30	1	2.5
<input type="checkbox"/>	Trimix #15	30	2	40
<input type="checkbox"/>	Trimix #16	30	6	100

**SIG:** Dispense: 1 Month Supply Qty:  5mL Refills: \_\_\_\_\_  
 • Inject \_\_\_\_\_ units intracavernosal as instructed.  
 • Increase or decrease by \_\_\_\_\_ units  
 • Maximum Dose \_\_\_\_\_ units  
 • May use  Daily  3 - 4 times weekly

#### CHOOSE SYRINGE:

- 1cc: 31gauge x 5/16" insulin syringes Qty: 20  
 1cc: 29 gauge x 1/2" insulin syringes Qty: 20

\*PGE1 Only:  By checking this box, prescriber has determined PGE1 compound is medically necessary.

### RETAIL, INJECTION ACCESSORIES, SUPPLEMENTS:

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol Prep Pads QTY: _____         | <input type="checkbox"/> Insul-Tote QTY: _____                                   |
| <input type="checkbox"/> Auto-Injector QTY: _____             | <input type="checkbox"/> Insul-Ease QTY: _____                                   |
| <input type="checkbox"/> Constriction Loop QTY: _____         | <input type="checkbox"/> Sharps Container QTY: _____                             |
| <input type="checkbox"/> FirmTech Performance Ring QTY: _____ | <input type="checkbox"/> N-Acetyl Cysteine 600mg QTY: _____                      |
| <input type="checkbox"/> FirmTech Tech Ring QTY: _____        | <input type="checkbox"/> Promescent P2L Water Based Lubricant 8 oz. - QTY: _____ |

### VACUUM ERECTION DEVICE & ACCESSORIES:

- |  |  |
|--|--|
| <input type="checkbox"/> Manual Augusta SomaTherapy System QTY: _____          | <input type="checkbox"/> Owen Mumford Ring Size #3 - #9 QTY: _____ SIZE: _____ |
| <input type="checkbox"/> Battery Augusta SomaTherapy System QTY: _____         |  |
| <input type="checkbox"/> Owen Mumford Manual Vacuum Erection Device QTY: _____ |  |

### PRIAPISM RESCUE:

- Phenylephrine 1 mg/mL Qty: 10mL  
**SIG:** Inject \_\_\_\_\_ units intracavernosal for erections lasting longer than 2.5 hours. May repeat in 15 minutes if erection does not subside. May perform a total of 3 doses. Proceed to the emergency room if erection persists. Refills: \_\_\_\_\_  
 Pseudoephedrine 30 mg tablet: Qty: 30 tablets Refills: \_\_\_\_\_ SIG: \_\_\_\_\_

<b>Ship To:</b>  <input type="checkbox"/> _____ <input type="checkbox"/> Office:	<b>Provider Name:</b>  _____
<b>Bill to:</b> <input type="checkbox"/> PATIENT <input type="checkbox"/> PRACTICE Date: _____	<b>Signature:</b>  _____

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INTRAURETHRAL GEL:				
	Mixture	Papaverine (mg/mL)	Phentolamine (mg/mL)	PGE1 (ug/mL)
<input type="checkbox"/>	GEL	-	4	1000
<input type="checkbox"/>	GEL	-	10	-
<input type="checkbox"/>	GEL	-	20	-

**Qty:**  15mL      **Refills:** \_\_\_\_\_

**SIG:** Insert \_\_\_\_\_ mL intraurethrally. Increase or decrease by \_\_\_\_\_ mL until desired effect is achieved. Maximum dose 1 mL. May use  1x Daily

### PDES:

Sildenafil 20mg Tablet **SIG** Take 20-100mg by mouth as needed not more than once daily. **Qty** 90 tab **Refills:** \_\_\_\_\_

Sildenafil 100mg Tablet **SIG** Take 100mg by mouth as needed not more than once daily. **Qty** 90 tab **Refills:** \_\_\_\_\_

Vardenafil 12mg Lozenge **SIG** Dissolve 1 by mouth as needed not more than once daily. **Qty** 10 lozenge **Refills:** \_\_\_\_\_

Tadalafil Lozenge  5mg /  20mg **SIG** Dissolve 1 by mouth as needed not more than once daily. **Qty** 30 Lozenge **Refills:** \_\_\_\_\_

Tadalafil Tablet  5mg /  20mg **SIG** Take 1 by mouth as needed not more than once daily. **Qty** 30 tab **Refills:** \_\_\_\_\_

**Custom SIG:** \_\_\_\_\_

### HAIR, HEALTH AND WELLNESS:

Finasteride Tablets – 1mg **SIG** Take 1 by mouth daily. **Qty** 30 Tablets      **Refills:** \_\_\_\_\_

Minoxidil + Finasteride Topical Solution 8%/.25%  30mL  60mL  90mL **SIG** Apply daily as directed. **Refills:** \_\_\_\_\_

Valacyclovir  500mg /  1,000mg Tablet. Take \_\_\_ tablet(s) \_\_\_\_\_

**QTY:** \_\_\_\_\_ **Refills:** \_\_\_\_\_ **Custom**

**SIG:** \_\_\_\_\_

### VERAPAMIL / PENTOXIFYLLINE:

Verapamil Injection 2.5 mg/ml Dispensed in 4mL Vial (includes 27G + 5cc Syringe + 18G draw kit/vial)

**SIG:** Inject 1mL into lesion 4x per treatment.

**QTY:** (# of 4mL Vials) \_\_\_\_\_ **Refills:** \_\_\_\_\_

Verapamil Cream 12% Dispensed in a 30 mL Pump Jar

**SIG:** Apply 0.5mL (1 Pump) 2x per day for 30 days.

**QTY:** (# of 30mL Jars) \_\_\_\_\_ **Refills:** \_\_\_\_\_

Pentoxifylline 400 mg tablet

**SIG:** Take 2 to 3 tablets PO per day as directed

**QTY:** (# of Tablets) \_\_\_\_\_ **Refills:** \_\_\_\_\_

Peyronie’s Self-Assessment Tool – Device **QTY:** \_\_\_\_\_

Understanding Peyronie’s Disease – Book by Dr. Laurence Levine **QTY:** \_\_\_\_\_

### EJACULATORY DYSFUNCTION:

MYHIXEL CONTROL DEVICE + PLAY APP – **QTY:** \_\_\_\_\_

MyHixel Hands-Free Accessory **QTY:** \_\_\_\_\_

MyHixel Replacement Sleeve **QTY:** \_\_\_\_\_

Promescent Spray 60 spray – **QTY:** \_\_\_\_\_

Promescent Spray 20 spray – **QTY:** \_\_\_\_\_

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## HORMONE REPLACEMENT

### Anastrozole

Anastrozole Tablets  1mg SIG Take 1 by mouth per week. Qty 30 Tablets Refills: \_\_\_\_\_

### CLOMID: Clomiphene Citrate

Clomiphene Citrate 25mg Capsules – Take \_\_\_\_\_ capsules daily \_\_\_\_\_

Clomiphene Citrate 50mg Capsules – Take \_\_\_\_\_ capsules daily \_\_\_\_\_

QTY: \_\_\_\_\_ or circle one 15 capsules 30 capsules 45 capsules 60 capsules 90 capsules Refills: \_\_\_\_\_

### Dietary Supplement

Drive Testosterone Support 1 Bottle (30 capsules)

### Testosterone Gel

50mg/mL (5%)  Apply \_\_\_\_\_ mL's every \_\_\_\_\_

QTY (Total mLs): (numerical and written) \_\_\_\_\_ mLs Refills: \_\_\_\_\_

200mg/mL (20%)  Apply \_\_\_\_\_ mL's every \_\_\_\_\_

QTY (Total mLs): (numerical and written) \_\_\_\_\_ mLs Refills: \_\_\_\_\_

### Testosterone Rapid Dissolve Tablets

Testosterone RDT 5mg Tablets – Dissolve \_\_\_\_\_ tablets in mouth \_\_\_\_\_ times per day \_\_\_\_\_

Testosterone RDT 50mg Tablets – Dissolve \_\_\_\_\_ tablets in mouth \_\_\_\_\_ times per day \_\_\_\_\_

QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

### Sermorelin

Sermorelin 200mcg Lozenges – Dissolve \_\_\_\_\_ lozenges in mouth \_\_\_\_\_ times per day \_\_\_\_\_

Sermorelin 400mcg Lozenges – Dissolve \_\_\_\_\_ lozenges in mouth \_\_\_\_\_ times per day \_\_\_\_\_

QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

### TESTOSTERONE CYPIONATE 200mg/mL in Sesame Oil

Inject \_\_\_\_\_ mL's every \_\_\_\_\_  Needles: 18G draw + \_\_\_\_\_ G \_\_\_\_\_ L for injection. Qty: 30

QTY (Total mLs): (numerical and written) \_\_\_\_\_ mLs Refills: \_\_\_\_\_

### REQUIRED FOR TESTOSTERONE PRESCRIPTIONS

Patient Address: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider DEA Number: \_\_\_\_\_

<b>Ship To:</b> <input type="checkbox"/> _____ <input type="checkbox"/> Office:	<b>Provider Name:</b>
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## TOPICAL ANESTHETIC

### BLT Cream – Pump Dispenser

- Regular Strength (10% Benzocaine/5% Lidocaine/2% Tetracaine)
- Extra Strength (20% Benzocaine/ 6% Lidocaine/ 4% Tetracaine)

**QTY** select:  30g  90g **Refills:** \_\_\_\_\_ **SIG**  Use as directed.  Custom **SIG** \_\_\_\_\_

### BLT Ointment – Ointment Jar

- Regular Strength (10% Benzocaine/5% Lidocaine/2% Tetracaine)
- Extra Strength (20% Benzocaine/ 6% Lidocaine/ 4% Tetracaine)

**QTY** select:  60g  120g **Refills:** \_\_\_\_\_ **SIG**  Use as directed.  Custom **SIG** \_\_\_\_\_

## PELVIC HEALTH

### Overactive Bladder

- Mirabegron 20mg Capsules: **Take 1 Capsule/Day**  
QTY 90 Capsules **Refills:** \_\_\_\_\_
- Mirabegron 20mg Capsules: **Take 1 Capsule 2x/Day**  
QTY 180 Capsules **Refills:** \_\_\_\_\_
- Mirabegron 40mg Capsules: **Take 1 Capsule/Day**  
QTY 90 Capsules **Refills:** \_\_\_\_\_

By checking this box, prescriber has determined mirabegron compound is medically necessary.

#### Accessories/Retail

- ProtechDry Underwear
- Lunderg Confidence Clamp
- Flosom +CBD Dietary Supplement
- Minze Diary Pod + App

### BPH

- Finasteride 5mg Tablets: **Take 1 Tablet/Day** QTY 90 Tablets **Refills:** \_\_\_\_\_
- Finasteride + Tadalafil 5mg/10mg Capsules: **Take 1 Capsule/Day** QTY 90 Capsules **Refills:** \_\_\_\_\_
- Tamsulosin 0.4mg Capsules: **Take 1 Capsule/Day** QTY 90 Capsules **Refills:** \_\_\_\_\_
- Tamsulosin + Tadalafil 0.4mg/5mg Capsules: **Take 1 Capsule/Day**. Qty. 90 capsules. **Refills:** \_\_\_\_\_
- Folsom +CBD Dietary Supplement 1 bottle (30 capsules)

### Bladder Irrigation

Mitomycin Solution 40 mg Solution (5mg/mL) Dispense 8 mL Vial **SIG:**  
Dilute 8 mL's mitomycin solution with sterile water to produce final concentration  
**QTY:** (# of 8mL Vials) \_\_\_\_\_ **Refills:** \_\_\_\_\_

DMSO/Lidocaine 50%/5% (W/V) in 50mL  
**SIG:** Instill into bladder as directed  
**QTY:** (# of 50mL Vials) \_\_\_\_\_ **Refills:** \_\_\_\_\_

Mitomycin Sterile Water Kit: **SIG:** Use as directed for dilution of mitomycin  
Kit Includes: Chemo-Rated Gloves, Syringe, 18g Needle, Bag and 50 mL Sterile Water for Injection  
*\*Qty of Kits will match the number of vials of Mitomycin ordered*

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## COUPLES CARE

### VAGINAL ESTRADIOL CREAM .125mg/mL (0.0125%)

Insert \_\_\_\_\_ clicks (1 click = 0.25mL = 0.25g) every \_\_\_\_\_

QTY (total mLs) \_\_\_\_\_ or circle one: 15mL 30mL 45mL 60mL 90mL Refills: \_\_\_\_\_

### VAGINAL ESTRADIOL/DHEA CREAM .125mg/10mg /mL (0.0125% / 1%)

Insert \_\_\_\_\_ clicks (1 click = 0.25mL = 0.25g) every \_\_\_\_\_

QTY (total mLs) \_\_\_\_\_ or circle one: 15mL 30mL 45mL 60mL 90mL Refills: \_\_\_\_\_

## Bremelanotide

Bremelanotide 1mg Lozenges – Dissolve \_\_\_\_\_ lozenges in mouth \_\_\_\_\_ times per day \_\_\_\_\_

Bremelanotide 1mg Lozenges – Dissolve \_\_\_\_\_ lozenges in mouth \_\_\_\_\_ times per day \_\_\_\_\_

QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

## SCREAM CREAM: Sildenafil/Theophylline/Arginine 2%/2.5%/6% Libido Cream

Apply 1 pump (0.5mL) to the vaginal area 15-30 minutes prior to sexual activity.

QTY (circle one) 1 Jar (20mL) 2 Jars (40mL) Refills: \_\_\_\_\_

## TOPICAL ESTRADIOL CREAM 1.5mg/mL (0.15%)

Apply \_\_\_\_\_ pumps (1 pump = 0.5mL = 0.5g) every \_\_\_\_\_

QTY (total mLs) \_\_\_\_\_ or circle one: 30mL 60mL 90mL Refills: \_\_\_\_\_

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