

# PharmaLabs Prescription Order Form – State of California ONLY

FAX: (727) 576-6655

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

**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:**

Alcohol Prep Pads QTY: \_\_\_\_\_

Auto Injector QTY: \_\_\_\_\_

Constriction Loop QTY: \_\_\_\_\_

Insul-Ease QTY: \_\_\_\_\_

FirmTech Performance Ring QTY: \_\_\_\_\_

FirmTech Tech Ring QTY: \_\_\_\_\_

Insul-Tote QTY: \_\_\_\_\_

Sharps Container QTY: \_\_\_\_\_

N-Acetyl Cysteine 600mg QTY: \_\_\_\_\_

Promescent P2L Water Based Lubricant 8 oz. - QTY: \_\_\_\_\_

ICI Starter Kit

ICI Essentials Kit

**Ship to:**

\_\_\_\_\_

\_\_\_\_\_

**Provider Name:**

NPI: \_\_\_\_\_

Ph: \_\_\_\_\_

Number of medications prescribed: 1 2 3 4 5 (circle)

\*PO# \_\_\_\_\_

(If Necessary)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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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.

Max dose 1 mL. May use  1x Daily

PDE5 INHIBITORS:	
<input type="checkbox"/> Sildenafil 20mg Tablet <b>SIG</b> Take 20-100mg by mouth as needed not more than once daily. <b>Qty</b> 90 tab <b>Refills:</b> _____	
<input type="checkbox"/> Sildenafil 100mg Tablet <b>SIG</b> Take 100mg by mouth as needed not more than once daily. <b>Qty</b> 90 tab <b>Refills:</b> _____	
<input type="checkbox"/> Tadalafil Lozenge <input type="checkbox"/> 5mg / <input type="checkbox"/> 20mg <b>SIG</b> Dissolve 1 by mouth as needed not more than once daily. <b>Qty</b> 30 Lozenge <b>Refills:</b> _____	
<input type="checkbox"/> Tadalafil Tablet <input type="checkbox"/> 5mg / <input type="checkbox"/> 20mg <b>SIG</b> Take 1 by mouth as needed not more than once daily. <b>Qty</b> 30 tab <b>Refills:</b> _____	
<input type="checkbox"/> Vardenafil Lozenge <input type="checkbox"/> 12mg <b>SIG</b> Dissolve 1 by mouth as needed not more than once daily. <b>Qty</b> 10 Lozenge <b>Refills:</b> _____	

HAIR, HEALTH, AND WELLNESS:	
<input type="checkbox"/> Finasteride Tablets <input type="checkbox"/> 1mg <b>SIG</b> Take 1 by mouth daily. <b>Qty</b> 30 Tablets	<b>Refills:</b> _____
<input type="checkbox"/> Minoxidil + Finasteride Topical Solution 8%/25% <input type="checkbox"/> 30mL <input type="checkbox"/> 60mL <input type="checkbox"/> 90mL <b>SIG</b> Apply daily as directed. <b>Refills:</b> _____	
<input type="checkbox"/> Anastrozole Tablets <input type="checkbox"/> 1mg <b>SIG</b> Take 1 by mouth per week. <b>Qty</b> 30 Tablets	<b>Refills:</b> _____
<input type="checkbox"/> Valcyclovir <input type="checkbox"/> 500mg / <input type="checkbox"/> 1,000mg Tablet. Take _____ tablet(s)	<b>Refills:</b> _____

PEYRONIE'S DISEASE:	
Verapamil Cream 12% Dispensed in a 30 mL Pump Jar <b>SIG:</b> Apply 0.5mL (1 Pump) 2x per day for 30 days. <b>Qty:</b> (# of 30mL Jars) _____ <b>Refills:</b> _____	<input type="checkbox"/> Pentoxifylline 400 mg tablet <b>SIG:</b> Take 2 to 3 tablets PO per day as directed <b>Qty:</b> (# of Tablets) _____ <b>Refills:</b> _____  <input type="checkbox"/> Peyronie's Self-Assessment Tool – Device <b>Qty:</b> <input type="checkbox"/> Understanding Peyronie's Disease – Book by Dr. Laurence Levine <b>Qty:</b> _____

<b>Ship to:</b>  <input type="checkbox"/> _____ _____	<b>Provider Name:</b> <b>NPI:</b> <b>Ph:</b>  Number of medications prescribed: 1 2 3 4 5 (circle)  *PO# (If Necessary)
<b>Date:</b> _____	<b>Signature:</b> _____

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## VACUUM ERECTION DEVICE & ACCESSORIES:

- |  |   |
|--|---|
| <input type="checkbox"/> Manual Augusta SomaTherapy System QTY: _____          | <input type="checkbox"/> Auto Injector QTY: _____     |
| <input type="checkbox"/> Battery Augusta SomaTherapy System QTY: _____         | <input type="checkbox"/> Sharps Container QTY: _____  |
| <input type="checkbox"/> Owen Mumford Manual Vacuum Erection Device QTY: _____ | <input type="checkbox"/> Constriction Loop QTY: _____ |
|  | <input type="checkbox"/> Syringe Magnifier QTY: _____ |

## EJACULATORY DYSFUNCTION:

- |   |   |
|---|---|
| <input type="checkbox"/> MYHIXEL CONTROL DEVICE + PLAY APP - QTY: _____ | <input type="checkbox"/> Promescent Spray 60 spray - QTY: _____ |
| <input type="checkbox"/> MyHixel Hands Free Accessory QTY: _____        | <input type="checkbox"/> Promescent Spray 20 spray - QTY: _____ |
| <input type="checkbox"/> MyHixel Replacement Sleeve QTY: _____          |   |

## HORMONE REPLACEMENT:

### LOW TESTOSTERONE

Testosterone Gel Available  
*\*Please prescribe directly to PharmaLabs (10901 Roosevelt Blvd St Petersburg FL 33716). menMD cannot take pre-printed prescriptions for Controlled Substances via fax in CA.*

### SUPPLEMENT

- Drive Testosterone Support - 1 Bottle 30 Capsules QTY: \_\_\_\_\_

### Sermorelin

- Sermorelin 200mcg Lozenges - Dissolve \_\_\_\_\_ lozenges in mouth \_\_\_\_\_ times per day \_\_\_\_\_
- Sermorelin 400mcg Lozenges - Dissolve \_\_\_\_\_ lozenges in mouth \_\_\_\_\_ times per day \_\_\_\_\_
- QTY: \_\_\_\_\_ 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: \_\_\_\_\_

<b>Ship to:</b> <input type="checkbox"/> _____ _____	<b>Provider Name:</b> NPI: Ph:  Number of medications prescribed: 1 2 3 4 5 (circle)  *PO# (If Necessary)
Date: _____	Signature: _____

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## 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 30 Capsules **Refills:** \_\_\_\_\_

Tamsulosin + Tadalafil 0.4mg/5mg Capsules: **Take 1 Capsule/Day**. Qty. 90 capsules. **Refills:** \_\_\_\_\_

Folsom +CBD Dietary Supplement – 1 bottle (30 capsules)

## 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** \_\_\_\_\_

Ship to:

\_\_\_\_\_  
\_\_\_\_\_

Provider Name:

NPI:

Ph:

Number of medications prescribed: 1 2 3 4 5 (circle)

\*PO#

(If Necessary)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## FEMALE SEXUAL DYSFUNCTION:

### 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:** \_\_\_\_\_

### 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:** \_\_\_\_\_

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

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

**QTY** (circle one) 1 Jar (20grams) 2 Jars (40grams) **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:** \_\_\_\_\_

Ship to:

\_\_\_\_\_  
\_\_\_\_\_

Provider Name:

NPI:

Ph:

Number of medications prescribed: 1 2 3 4 5 (circle)

\*PO#

(If Necessary)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_