Erectile Dysfunction Order Form

Patient Information

NAME	DOB
ADDRESS	
CITY	STATE/ZIP
PHONE	EMAIL
ALLERGIES	SEX

Select Medication

☐ Trimix #1:

Papaverine 30mg/ml | Phentolamine 1mg/ml | Alprostadil 10mcg/ml

QTY: 2.5 ml $90 OR **5 ml $150**

SIG:
Inject _____ **units** into dorsolateral penis as directed 10–15 minutes prior to intercourse. May increase by 5 units (0.05 mL) every 10 minutes until desired result. Max dose 50 units every 24 hours.

☐ Trimix #2:

Papaverine 30mg/ml | Phentolamine 2mg/ml | Alprostadil 20mcg/ml

QTY: 2.5 ml $90 OR **5 ml $150**

SIG:
Inject ____ **units** into dorsolateral penis as directed 10–15 minutes prior to intercourse. May increase by 5 units (0.05 mL) every 10 minutes until desired result. Max dose 50 units every 24 hours.

☐ Other Troches:

☐ Sildenafil 25mg / Apomorphine 2mg	**$50**
☐ Sildenafil 50mg / Apomorphine 2mg	**$60**
☐ Sildenafil 75mg / Tadalafil 10mg	**$80**
☐ Tadalafil 5mg Troche / Tadalafil 10mg	**$60**
☐ Tadalafil 20mg	**$60**

QTY:10

SIG: Dissolve 1 troche in cheek pocket or under tongue PRN

☐ Other Rx:

_____

_____

_____

Sig: _____

_____

Custom Sig: _____

_____

QTY: 10 **Refills:** _____

Prescriber Information

PROVIDER NAME:	
DEA #:	PHONE #:
PROVIDER SIGNATURE:	DATE:

Robins Pharmacy

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