



678 WYCKOFF AVE  
 WYCKOFF NJ 07481  
 P 201 891 3334  
 F 201 891 1312

## UROLOGY ORDER FORM

PATIENT INFORMATION			
FIRST NAME:	LAST NAME:		
PRIMARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	SECONDARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK		
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:	

### MEDICATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> Alprostadil  | <input type="radio"/> 20 <input type="radio"/> 40 mcg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml                      |
| <input type="checkbox"/> Bimix (Papaverine/Phentolamine)  | 30mg / 0.5mg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Bimix A (Papaverine/Phentolamine)  | 30mg / 1mg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Custom Bimix (Papaverine/Phentolamine)   | ____mg / ____g/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Trimix Mayo : Standard (Papaverine/Phentolamine/Alprostadil)   | 18mg / 0.6mg / 5.88mcg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Trimix Mayo : Double (Papaverine/Phentolamine/Alprostadil)   | 18mg / 0.6mg / 11.8mcg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Trimix Mayo : Super (Papaverine/Phentolamine/Alprostadil)  | 18mg / 0.6mg / 30mcg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Trimix I (Papaverine/Phentolamine/Alprostadil)   | 18mg / 0.5mg / 10mcg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Trimix II (Papaverine/Phentolamine/Alprostadil)  | 30mg / 0.5mg / 20mcg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Trimix IA (Papaverine/Phentolamine/Alprostadil)  | 30mg / 1mg / 5.88mcg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Trimix IB (Papaverine/Phentolamine/Alprostadil)  | 30mg / 1mg / 5.88mcg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Custom Trimix (Papaverine/Phentolamine/Alprostadil)  | ____mg / ____mg / ____mcg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml  |
| <input type="checkbox"/> Quadmix I (Papaverine/Phentolamine/Alprostadil/Atropine)   | 9mg / 1mg / 10mcg / 0.1mg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml  |
| <input type="checkbox"/> Quadmix II (Papaverine/Phentolamine/Alprostadil/Atropine)  | 9mg / 1mg / 20mcg / 0.1mg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml  |
| <input type="checkbox"/> Custom Quadmix (Papaverine/Phentolamine/Alprostadil/Atropine)  | ____mg / ____mg / ____mcg / ____mg/ml <input type="radio"/> 5ml <input type="radio"/> 10ml   |
| <input type="checkbox"/> Syringes 1cc, 31G, 5/16"   | ____ # (Pack of 10)  |
| <input type="checkbox"/> Syringes 1/2cc, 31G, 5/16"   | ____ # (Pack of 10)  |
| <input type="checkbox"/> Syringes 3/10cc, 31G, 5/16"  | ____ # (Pack of 10)  |
| <input type="checkbox"/> Sudafed  | ____ # (Box of 24)   |
| <input type="checkbox"/> Sildenafil   | <input type="radio"/> 20mg <input type="radio"/> 25mg <input type="radio"/> 50mg <input type="radio"/> 100mg Tabs. _____ Qty.      |
| <input type="checkbox"/> Tadalafil  | <input type="radio"/> 5mg <input type="radio"/> 10mg <input type="radio"/> 20mg Tabs. _____ Qty.                                   |
| <input type="checkbox"/> Tadalafil 4mg / Maca Root 300mg / <input type="radio"/> With <input type="radio"/> Without Vitamin D3 1000 iu Capsules (Compounded)  | _____ Qty.   |
| <input type="checkbox"/> Tadalafil 23mg / Maca Root 300mg / <input type="radio"/> With <input type="radio"/> Without Vitamin D3 1000 iu Capsules (Compounded) | _____ Qty.   |
| <input type="checkbox"/> Clomiphene Citrate   | 50mg Tabs _____ Qty.   |
| <input type="checkbox"/> Sildenafil   | 100mg RDT _____ Qty.   |
| <input type="checkbox"/> Tadalafil  | 22mg RDT _____ Qty.  |
| <input type="checkbox"/> Muse Suppository   | <input type="radio"/> 125mg <input type="radio"/> 250mg <input type="radio"/> 500mg <input type="radio"/> 1000mg # 6 Suppositories |

Refills:  1  2  3  4  5  6  PRN  NR SIG: \_\_\_\_\_

**WRITE PRESCRIPTION / ADDITIONAL COMMENTS**

DOCTOR	PHONE	NPI #	DEA #
OFFICE MANAGER	PHONE	OFFICE FAX	OFFICE Email
SIGNATURE	DATE (Month / Day / Year)		
	_____/_____/_____		

FAX TO 201-891-1312  
 email to: [orders@yourlifex.com](mailto:orders@yourlifex.com)