



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

COMMON VAGINAL 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"/> Aminophylline / Isosorbide / Ergoloid / Pentoxifylline / Arginine | 30mg / 2.5mg / 0.5mg / 50mg / 60mg / gm | <input type="radio"/> 15gm
<input type="radio"/> 30gm |
| <input type="checkbox"/> Boric Acid Vaginal | <input type="radio"/> 600mg Capsule
<input type="radio"/> 600mg Suppository
<input type="radio"/> 600mg with Acidophilus Suppository | <input type="radio"/> 10
<input type="radio"/> 30 |
| <input type="checkbox"/> Diazepam - Vaginal Suppository
(Needs Hardcopy) | <input type="radio"/> 5mg Suppository
<input type="radio"/> 10mg Suppository
<input type="radio"/> 5mg / Baclofen 10mg Suppository
<input type="radio"/> 5mg / Lidocaine 10mg Suppository | <input type="radio"/> 10
<input type="radio"/> 15
<input type="radio"/> 30
<input type="radio"/> _____ |
| <input type="checkbox"/> Estradiol - Vaginal Cream | <input type="radio"/> 0.01%
<input type="radio"/> _____% | <input type="radio"/> 15gm
<input type="radio"/> 30gm |
| <input type="checkbox"/> Estriol - Vaginal Cream | <input type="radio"/> 0.05%
<input type="radio"/> _____% | <input type="radio"/> 15gm
<input type="radio"/> 30gm |
| <input type="checkbox"/> Testosterone - Vaginal Cream
(Needs Hardcopy) | <input type="radio"/> 0.5mg/ml
<input type="radio"/> 1mg/ml
<input type="radio"/> 2mg/ml | <input type="radio"/> 15gm
<input type="radio"/> 30gm |
| <input type="checkbox"/> Vitamin E / Vitamin A / Hyaluronic Acid - Vaginal Gel | 5mg | <input type="radio"/> 15gm
<input type="radio"/> 30gm |

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)		<b style="color: #008080;">FAX TO 201-891-1312 email to: orders@yourlifefx.com
	_____/_____/_____		