

## Patient Information

Patient Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		City:	State: Zip:
Phone :	Email:	Language:	
Allergies (Required):			<input type="checkbox"/> NKDA
<input type="checkbox"/> Pick Up / Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Alternative Address:			

**Insurance: Please fax copy of prescription insurance card (front and back)**

## Prescriber Information

Practice Name:		Contact Name:	Contact Phone:	
Prescriber Name:		NPI #:	DEA #:	
Address:		City:	St.	Zip
Phone #:		Fax #:		

## Clinical Information

Diagnosis:	ICD-10:
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## Compounded Prescription Information

Compound	Dose	Directions	Quantity	Refills
<input type="checkbox"/> Bi-mix Injection	Papaverine 15mg / Phentolamine 0.5 mg/mL	Inject 0.1 ml into penis as directed by physician. Increase dose as directed.	<input type="checkbox"/> 1 mL x 5 vials <input type="checkbox"/> 1 mL x 10 vials	
<input type="checkbox"/> Tri-Mix (Standard) Strength Injection	Prostaglandin E1 5.88 mcg / Papaverine 18 mg / Phentolamine 0.6 mg/mL			
<input type="checkbox"/> Tri-Mix 30 Injection	Prostaglandin E1 30 mcg / Papaverine 18 mg / Phentolamine 0.6 mg/mL			
<input type="checkbox"/> Tri-Mix Extra Strength Injection	Prostaglandin E1 40 mcg / Papaverine 30 mg / Phentolamine 0.5 mg/mL			
<input type="checkbox"/> Quad-Mix (Standard) Strength Injection	Prostaglandin E1 40 mcg / Papaverine 30 mg / Phentolamine 2 mg / Atropine 0.1 mg/mL			
<input type="checkbox"/> Tri-Mix Standard Trial Kit	Prostaglandin E1 5.88 mcg / Papaverine 18 mg / Phentolamine 0.6 mg/mL (1 Vial Standard Tri-Mix, 27gauge 1ml ½ TB Syringes #5, Alcohol swabs #5, instructions on injecting Tri-Mix)		1ml x 1 Vial	No Refills
<input type="checkbox"/> Prostaglandin E1 (Alprostadil) Injection	<input type="checkbox"/> 12 mcg/ml <input type="checkbox"/> 22 mcg/ml <input type="checkbox"/> 32 mcg/ml <input type="checkbox"/> 42 mcg/ml	Inject 0.1 ml into penis as directed by physician. Increase dose as directed.	<input type="checkbox"/> 1 mL x 5 vials <input type="checkbox"/> 1 mL x 10 vials	
<input type="checkbox"/> Injection Kit (20 Alcohol Swabs & 27 gauge 1 mL ½ inch TB Syringes, Instructions)			1 Injection Kit	
<input type="checkbox"/> Tri-Mix Extra Strength Urethra Gel	Papaverine 40mg / Phentolamine 2mg / Alprostadil 800mcg/ml	Use as Directed	<input type="checkbox"/> 1 mL x 5 Syringes <input type="checkbox"/> 1 mL x 10 Syringes	
<input type="checkbox"/> Lidocaine 2% Topical	Apply topically as directed		<input type="checkbox"/> 15g	
<input type="checkbox"/> Sildenafil 20mg Tablet	Take up to 5 tablets orally once daily 30 minutes - 1 hour prior to sexual activity as needed. Max dose: 5 tablets in 24 hours.		<input type="checkbox"/> 60 <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Sildenafil Citrate 115mg/ Maca Root 200mg / Vitamin D3 1000 IU Capsules	Take 1 capsule orally once daily 30 minutes - 1 hour prior to sexual activity as needed. Max dose: 1 capsule in 24 hours.		<input type="checkbox"/> 10 Capsules <input type="checkbox"/> Other: _____ Capsules	
<input type="checkbox"/> Tadalafil 4mg / Maca Root 300mg Vitamin D3 1000 IU Capsules	Take 1 capsule orally once daily. Can be sexually active any time between dose.		<input type="checkbox"/> Minimum 30 Capsules <input type="checkbox"/> Other: _____ Capsules	
<input type="checkbox"/> Tadalafil 23mg / Maca Root 300mg Vitamin D3 1000 IU Capsules	Take 1 capsule orally once daily 30 minutes - 1 hour prior to sexual activity as needed. Max dose: 1 capsule in 24 hours.		<input type="checkbox"/> 10 Capsules <input type="checkbox"/> Other: _____ Capsules	

## Custom formulas (Example: Testosterone Creams, Pellets, Injectables and other custom formulas)

<input type="checkbox"/> Other:			
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## Prescriber Signature and Date (Please sign and date below)

<b>Prescriber Signature</b>	<b>Date</b>
"I authorize Curexa® and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. I certify that the above therapy is medically necessary and the above information is accurate to the best of my knowledge"	