Men's Health Compound

Patient Information

Patient Name:		Date of Birth:	☐ Male ☐ Female
Address:	City:	State:	Zip:
*Phone :	Email:		Language:
Allergies (Required):			☐ NKDA

☐ Pick Up / Ship to: ☐ Patient ☐ Office ☐ Alternative Address:

** By providing your mobile phone number you agree to receive a text message from with instructions and steps to provide payment for your medication. This is not advertising.

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:

Compounded Prescription Information

Compound	Dose	Directions	Quantity	Refills
☐ Sildenafil 20 mg Tablet *** Indicated for PAH*	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.		☐ 60 ☐ Other:_____	
☐ Sildenafil *(generic Viagra®)* ☐ 100 mg ☐ 50 mg	Take 1 tablet orally once daily 30 minutes - 1 hour prior to sexual activity as needed. Max dose: 1 tablet in 24 hours.		☐ 10 tablets ☐ Other_____ tablets	
☐ Tadalafil 4 mg / Maca Root 300 mg Vitamin D3 1000 IU Capsules	Take 1 capsule orally once daily. Can be sexually active any time between dose.		☐ Minimum 30 Capsules ☐ Other:_____ Capsules	
☐ Tadalafil 23 mg / Maca Root 300 mg 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.		☐ 10 Capsules ☐ Other_____ Capsules	

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

☐ Other:			

Prescriber Signature and Date (Please sign and date below)

_____ _____

Prescriber Signature **Date**

Check here to authorize the receiving pharmacy 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"

*** Revatio® (Sildenafil 20mg) is indicated for Pulmonary Hypertension or Pulmonary Arterial Hypertension*

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