



SERVICE OF CUREXA®

# Compounded Prescription Patient Enrollment Form

Customer Service: **(855) 927-0390**

Fax completed form to: **(855) 927-0392**

## Patient Information

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

## Prescriber Information

Prescriber Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Prescriber Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Prescription Information

*Please select a suggested prescription medication(s):* **Quantity**

**Sildenafil Citrate 115mg**

Contains: MACA 200mg/Vitamin D3 1000iu

Directions: Take one capsule by mouth 1 hour prior to sexual intercourse. Do not exceed one capsule per day. Do not take with nitrates.

10 Capsules

**Sildenafil Citrate 60mg**

Contains: MACA 300mg/Vitamin D3 1000iu

Directions: Take one capsule by mouth 1 hour prior to sexual intercourse. Do not exceed one capsule per day. Do not take with nitrates.

10 Capsules

**Tadalafil 23mg**

Contains: MACA 300mg/Vitamin D3 1000iu

Directions: Take one capsule by mouth 1 hour prior to sexual intercourse. Do not exceed one capsule per day. Do not take with nitrates.

10 Capsules

**Tadalafil 4mg for daily use**

Contains: MACA 300mg/Vitamin D3 1000iu

Directions: Take one capsule by mouth once daily. Do not take with nitrates.

30 Capsules

**Other:** \_\_\_\_\_

Directions: \_\_\_\_\_

Quantity: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Refills:** 0 1 2 3 4 5 6 PRN (circle one)

**Allergies (Required):** \_\_\_\_\_

## Provider Signature

A licensed medical practitioner with authorization to prescribe medications must sign below to complete prescription. This signature will be verified upon receipt of prescription referral. By signing below, I verify that the information being disclosed in this enrollment form is complete and accurate to the best of my knowledge. I understand that EHT Pharmacy LLC. Dba "Curexa®" reserves the right at any time and for any reason, without notice, to modify this enrollment form or to modify or discontinue any services or assistance provided through the Gentleman's Choice™ program. Finally, I authorize Curexa® as my designated agent to use and disclose my patient's protected health information as may be necessary for treatment, payment, and healthcare operations, including to verify the accuracy of any information provided, to verify patient eligibility, to provide for payment and reimbursement, and to forward the above prescription information, by fax or other mode of delivery, to a pharmacy for fulfillment. Finally, I allow Curexa® to contact me regarding prescription status updates and act as my prior authorization agent in dealing with prescription and medical insurance companies.

**Prescriber Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Auto-Refill Subscription

**Auto-Refill Subscription (to be completed by patient)**

(Check Here)  Please enroll me in the auto-refill program

(Check Here)  2 weeks  4 weeks  6 weeks  8 weeks

**Patient Attestation:** By checking the box above, I agree to receive regular automatic refills of my medication provided by Curexa® Pharmacy located at 3007 Ocean Heights Ave., Egg Harbor Township, NJ 08234.

**Patient Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Gentleman's Choice is a trademark of Curexa®. Curexa is a PCAB® and UCAP® Accredited compounding pharmacy.

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