

## Compounded Formulations

**Patient**

**Address**

**City**

**State**

**Zip**

**Phone Number**

**Date of Birth**

**Credit Card Numbers**

**Expire Date**

**Security Code**

### Check Prescribed Formulations:

**Tri-Mix:**

- Prostaglandin 10mcg      Phentolamine 1mg      Papaverine 30mg/ml  
 Prostaglandin \_\_\_\_mcg      Phentolamine \_\_\_\_mg      Papaverine \_\_\_\_mg/ml  
 2.5ml     5ml     10ml     \_\_\_\_ml  
 - Inject as directed. Start with 15 units and increase as directed if needed. Do not use more than 3-4 times per week.

**Rf** \_\_\_\_\_

**Bi-Mix:**

- Papaverine 30mg      Phentolamine 1.5mg/ml  
 Papaverine \_\_\_\_mg      Phentolamine \_\_\_\_mg/ml  
 2.5ml     5ml     10ml     \_\_\_\_ml  
 - Inject as directed. Start with 15 units and increase as directed if needed. Do not use more than 3-4 times per week.

**Rf** \_\_\_\_\_

**Quad-Mix:**

- Prostaglandin 18mcg      Phentolamine 0.2mg      Papaverine 30mg      Atropine Sulfate 0.02mg/ml  
 Prostaglandin \_\_\_\_mcg      Phentolamine \_\_\_\_mg      Papaverine \_\_\_\_mg      Atropine Sulfate \_\_\_\_mg/ml  
 2.5ml     5ml     10ml     \_\_\_\_ml  
 - Inject as directed. Start with 15 units and increase as directed if needed. Do not use more than 3-4 times per week.

**Rf** \_\_\_\_\_

- Syringes 29g 1/2 inch # \_\_\_\_\_  
 (15235)

**Notes For Pharmacist:**



**Dr. Name**

**Phone**

**Fax**

**Dr. Signature**

**DEA**

**Address**

**Clinic Name**

Physicians can add name & address stamp here: