



ILLINOIS COMPOUNDING PHARMACY

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MEN'S HEALTH & UROLOGY PRESCRIPTION ORDER FORM



PATIENT INFORMATION			PRESCRIBER INFORMATION		
Patient Name:			Prescriber Name:		
Address:			DEA:	NPI:	
City:	State:	Zip:	City:	State:	Zip:
Phone:		Allergies:	Phone:	Fax:	

COMPOUNDED PENILE INJECTIONS	ERECTILE DYSFUNCTION SUBLINGUAL TROCHES
<input type="checkbox"/> Standard Tri-mix (PGE7 5.88mcg - Papaverine 78mg - Phentolamine 0.6mg per ml) <input type="checkbox"/> Trial Kit (Standard Tri-mix 7 ml only, #70 syringes, #70 alcohol swabs) <input type="checkbox"/> Standard Quad-mix (PGE7 40mcg - Atropine 0.7mg - Papaverine 30mg - Phentolamine 2mg per ml) <input type="checkbox"/> Tri-mix 1 (PGE7 70mcg - Papaverine 30mg - Phentolamine 7mg per ml) <input type="checkbox"/> Tri-mix 2 (PGE7 20mcg - Papaverine 30mg - Phentolamine 7mg per ml) <input type="checkbox"/> Tri-mix 3 (PG El 30mcg - Papaverine 30mg - Phentolamine 7mg per ml) <input type="checkbox"/> Tri-mix 4 (PG El 40mcg - Papaverine 30mg - Phentolamine 7mg per ml) <input type="checkbox"/> Custom Order (Note: Select/fill in one or more that applies) <input type="checkbox"/> PGE1 ____ mcg <input type="checkbox"/> Papaverine ____ mg <input type="checkbox"/> Phentolamine ____ mg <input type="checkbox"/> Atropine ____ mg <input type="checkbox"/> Lidocaine ____ mg <input type="checkbox"/> Quantity: (1 ml per vial) <input type="checkbox"/> 5 vials (5 ml) <input type="checkbox"/> 10 vials (10 ml) <input type="checkbox"/> Directions: Inject ____ ml intracavernosally as needed <input type="checkbox"/> Refills: <input type="checkbox"/> # ____ <input type="checkbox"/> As needed for 1 year	<input type="checkbox"/> Sildenafil 750mg sublingual troche <input type="checkbox"/> Tadalafil 20mg sublingual troche <input type="checkbox"/> Tadalafil 75mg sublingual troche <input type="checkbox"/> Vardenafil 75mg sublingual troche <input type="checkbox"/> Sildenafil 700mg - Tadalafil 40mg sublingual troche <input type="checkbox"/> Vardenafil 40mg - Tadalafil 40mg sublingual troche Quantity: # ____ troches Directions <input type="checkbox"/> Dissolve (circle) <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 or <input type="checkbox"/> 1 troche sublingually as needed <input type="checkbox"/> Refills: <input type="checkbox"/> # ____ <input type="checkbox"/> As needed for 1 year

LIBIDO & ORGASM AIDS	ERECTILE DYSFUNCTION CAPSULES/ TABLETS
Sublingual: (*Bremelanotide = PT 747) <input type="checkbox"/> Oxytocin 72 units/0.1 ml sublingual suspension Directions: Place 0.2ml sublingually 30-60 minutes prior to intercourse Quantity: # ____ Nasal Spray: (7 spray= 0.7ml) <input type="checkbox"/> Bremelanotide 5mg-Oxytocin 72 units/0.7 ml nasal spray <input type="checkbox"/> Oxytocin 72 units/0.7ml nasal spray Directions: <input type="checkbox"/> Place 0.2ml sublingually 30-60 minutes prior to intercourse Quantity: # ____ <input type="checkbox"/> Other Directions: _____ _____ _____	<input type="checkbox"/> Tadalafil Plus Capsule (2.5 mg Tadalafil - Nitric Oxide supplement) Directions: Take 1 capsule by mouth twice a day Quantity: # ____ capsules <input type="checkbox"/> Refills: <input type="checkbox"/> # ____ <input type="checkbox"/> As needed for 1 year <input type="checkbox"/> Sildenafil (circle) 20 mg 50 mg 100 mg tablets Directions: Take ____ tablet(s) by mouth prior to sexual activity Quantity: # ____ tablets <input type="checkbox"/> Refills: <input type="checkbox"/> # ____ <input type="checkbox"/> As needed for 1 year <input type="checkbox"/> Tadalafil (circle) 5 mg 70 mg 20 mg tablets Directions: Take ____ tablet(s) by mouth prior to sexual activity Quantity: # ____ tablets <input type="checkbox"/> Refills: <input type="checkbox"/> # ____ <input type="checkbox"/> As needed for 1 year ** Prescriber Initials _____ I am prescribing these compounds because they are clinically necessary for the treatment of this patient.

Other:	Sig:	Dispense:	Refills:
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Send to PATIENT Charge to PATIENT Send to OFFICE Charge to OFFICE



SIGNATURE _____

DATE _____

HOW TO SEND
1. Call in a prescription: (847)603-1034 2. Email prescription: ILcompoundingRx@gmail.com 3. Fax prescription: (847)232-7425 4. Upload the completed prescription order form to our website: https://illinoiscompoundingpharmacy.com/upload-prescription 5. Send Electronic ERX

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