



ILLINOIS COMPOUNDING PHARMACY

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PART 1 - MEN'S HEALTH & UROLOGY PRESCRIPTION ORDER FORM

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

COMPOUNDED PENILE INJECTIONS	ERECTILE DYSFUNCTION SUBLINGUAL TROCHES
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<input type="checkbox"/> Standard Tri-mix (PGE1 5.88mcg - Papaverine 18mg - Phentolamine 0.6mg per mL) <input type="checkbox"/> Trial Kit (Standard Tri-mix 1 only, #10 syringes, #10 alcohol swabs) <input type="checkbox"/> Standard Quad-mix (PGE1 40mcg - Atropine 0.1mg - Papaverine 30mg - Phentolamine 2mg per mL) <input type="checkbox"/> Tri-mix 1 (PGE1 10mcg - Papaverine 30mg - Phentolamine 1mg per mL) <input type="checkbox"/> Tri-mix 2 (PGE1 20mcg - Papaverine 30mg - Phentolamine 1mg per mL) <input type="checkbox"/> Tri-mix 3 (PGE1 20mcg - Papaverine 30mg - Phentolamine 1mg per mL) <input type="checkbox"/> Tri-mix 4 (PGE1 40mcg - Papaverine 30mg - Phentolamine 1mg 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 PermL: _____ <input type="checkbox"/> Quantity: (1 mL per vial) <input type="checkbox"/> 5 vials (5mL) <input type="checkbox"/> 10 vials (10mL) <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 150mg 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 100mg - Tadalafil 40mg sublingual troche <input type="checkbox"/> Vardenafil 40mg - Tadalafil 40mg sublingual troche <input type="checkbox"/> Quantity: # _____ troches Directions: <input type="checkbox"/> Dissolve <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> ¾ OR <input type="checkbox"/> 1 troche sublingually as needed <input type="checkbox"/> Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year
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ERECTILE DYSFUNCTION CAPSULES / TABLETS

LIBIDO & ORGASM AIDS Sublingual: (*Bremelanotide = PT 141) <input type="checkbox"/> Oxytocin 12 units/0.1 mL sublingual suspension Directions: Place 0.2mL sublingually 30-60 minutes prior to intercourse <input type="checkbox"/> Quantity: # _____ Nasal Spray: (1 spray = 0.1mL) <input type="checkbox"/> Bremelanotide 5mg-Oxytocin 12 units/0.1mL nasal spray <input type="checkbox"/> Oxytocin 12 units/0.1mL nasal spray Directions: Instill 2-3 spray(s) intranasally 30-60 minutes prior to intercourse <input type="checkbox"/> Quantity: # _____ Other Directions: <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <input type="checkbox"/> Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year	<input type="checkbox"/> Tadalafil Plus Capsule (2.5 mg Tadalafil – Nitric Oxide supplement) <input type="checkbox"/> Directions: Take 1 capsule by mouth twice a day <input type="checkbox"/> 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 <input type="checkbox"/> Directions: Take _____ tablet(s) by mouth prior to sexual activity <input type="checkbox"/> Quantity: # _____ tablets <input type="checkbox"/> Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year <input type="checkbox"/> Tadalafil (circle) 5 mg 10 mg 20 mg tablets <input type="checkbox"/> Directions: Take _____ tablet(s) by mouth prior to sexual activity <input type="checkbox"/> Quantity: # _____ tablets <input type="checkbox"/> Refills: <input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year <input type="checkbox"/> Prescriber Initials _____ I am prescribing these compounds because they are clinically necessary for the treatment of this patient.
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Other: _____	SIG: _____	Dispense: _____	Refills: _____
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Send to Patient Send to Office Charge to Patient Charge to Office

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

SIGNATURE _____ DATE _____

Ready to Experience Personalized Care?

Take the next step toward better health with Illinois Compounding Pharmacy. Whether you're looking for custom medications, expert advice, or convenient delivery options, we're here to help

Disclaimer: Illinois Compounding Pharmacy, Inc. is a 503A licensed compounding pharmacy that customizes medications to meet unique patient and prescriber needs. The FDA allows compounding when commercial drugs are in shortage or the patient is required to take a compounded drug because they will benefit from it. Compounding a product because it is cheaper than a commercial product is not allowed. Our pharmacy does not compound copies of commercially available products unless allowed by the FDA (ie FDA shortage list, allergies, palatability, etc.