



ILLINOIS COMPOUNDING PHARMACY

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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:	

TOPICAL TESTOSTERONE	OTHER THERAPY OPTIONS
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*** Note: Testosterone is a controlled substance schedule III medication. Therefore, requires a written, fax, or electronic prescription.

Testosterone (Atravis) Gel 100 mg/mL (Formula #115754)
Direction:
 Apply topically 0.25mL (25mg) 0.5mL (50mg) 0.75mL (75mg)
 1mL (100mg) Other: _____ mL (_____ mg) Once a day
 Twice a day Other: _____
 Quantity: _____ mL Refills: # _____ As needed for 6 months

Testosterone (Atravis) Gel 200 mg/mL (Formula #115838)
Direction:
 Apply topically 0.25mL (50mg) 0.5mL (100mg) 0.75mL (150mg)
 1mL (200mg) Other: _____ mL (_____ mg) Once a day
 Twice a day Other: _____
 Quantity: _____ mL Refills: # _____ As needed for 6 months
 Other: Testosterone Cream (Lipoderm) Testosterone Gel (Atravis)
 Testosterone/Chrysin Gel (Atravis)
 Concentration: _____ mg/mL (If chrysin is added, specify chrysin concentration as well: _____ mg/mL)
 Twice a day Other: _____
 Quantity: _____ mL Refills: # _____ As needed for 6 months

DHEA S.R. (Slow Release) Capsule
Dose: 5 mg 10 mg 25 mg 50 mg 75 mg 100 mg Other: _____ mg
Direction: Take 1 capsule by mouth once a day
 Other: _____
 Quantity: _____ capsules
Refills: # _____ As needed for 1 year

Anastrozole 1 mg Tablet (Commercial medication)
 (Note: Lower strength such as 0.5mg can be compounded into capsule. Please write prescription on "Other" below.)
Direction: _____
 Other: _____
 Quantity: _____ tablets
Refills: # _____ As needed for 1 year

Verapamil 15% - Triamcinolone 1% (Lipoderm) Cream (For Peyronie's Disease Treatment)
Direction: Apply topically twice a day as directed
 Other: _____
 Quantity: _____ Gram
Refills: # _____ As needed for 6 months

HCG (Human Chorionic Gonadotropin) 1,000 units/mL Injectable (Commercial medication)
Direction: Inject _____ units (_____ mL) subcutaneously _____
 Quantity: 2 mL 4 mL 6 mL 7 mL 10 mL (1 full vial)
Refills: # _____ As needed for 1 year

Clomiphene 50 mg Tablet
Direction: Take 1-2 tablets by mouth once daily
 Quantity: 60 tablets Other: _____ tablets
Refills: # _____ As needed for 1 year

Clomiphene 25 mg - Tadalafil 5 mg Capsule
Direction: Take 1 capsule by mouth once daily
 Quantity: 30 capsules Other: _____ capsule
Refills: # _____ As needed for 1 year

Cabergoline 0.5 mg Tablet
Direction: Take 1 tablet by mouth twice a week
 Quantity: 8 tablets Other: _____ capsule
Refills: # _____ As needed for 1 year

INJECTABLE TESTOSTERONE

Testosterone Cypionate 200 mg/mL Injectable (Commercial medication)
Direction: Inject _____ mL intramuscularly _____
Quantity: 10 mL (1 vial) 20 mL (2 vials)
 Quantity: _____ mL Refills: # _____ As needed for 6 months

Testosterone Enanthate/Cypionate (70:30) 200 mg/mL Injectable (Formula #90551)
Direction: Inject _____ mL intramuscularly _____
Quantity: 5 mL (1 vial) 10 mL (2 vials)
 Quantity: _____ mL Refills: # _____ As needed for 6 months

Prescriber Initials _____ I am prescribing these compounds because they are clinically necessary for the treatment of this patient.

INJECTABLE TESTOSTERONE

MEDICATION: _____ **DOSE/CONCENTRATION:** _____
DIRECTION: _____ **QUANTITY:** _____ Refills: # _____ As needed for 6 months

Other: _____ SIG: _____ Dispense: _____ Refills: _____

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

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.