



ILLINOIS COMPOUNDING PHARMACY

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WOMEN'S HEALTH COMPOUND ORDER FORM



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

LIBIDO/ FEMALE SEXUAL DYSFUNCTION

<p>MEDICATION/ DIRECTIONS:</p> <p>**NOTE: Testosterone is a controlled substance schedule III medication. Therefore, requires a written, faxed, or electronic prescription. Directions:</p> <p><input type="checkbox"/> Testosterone 20mg/ml Topical Cream</p> <p><input type="checkbox"/> 1mg (1 click = 0.05ml) <input type="checkbox"/> 4mg (4 clicks = 0.2ml)</p> <p><input type="checkbox"/> 2mg (2 clicks = 0.7ml) <input type="checkbox"/> 5mg (5 clicks = 0.25ml)</p> <p><input type="checkbox"/> 3mg (3 clicks = 0.75ml) <input type="checkbox"/> Other: _____</p> <p>Directions:</p> <p><input type="checkbox"/> Apply topically (DOSE MARKED OFF ABOVE) once daily (Dispense in Topi-Click Micro dispenser)</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> DHEA 13mg/ml Vaginal (Ellage Anhydrous)</p> <p><input type="checkbox"/> Insert 1ml (4 clicks) vaginally once a day (Dispense in vaginal Topi-Click Perl dispenser with applicator)</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> DHEA 13mg Vaginal Suppository</p> <p><input type="checkbox"/> Insert 7 suppository vaginally once a day</p> <p><input type="checkbox"/> Other: _____</p> <p>QUANTITY OR DAY SUPPLY:</p> <p><input type="checkbox"/> _____ ml <input type="checkbox"/> _____ Vaginal Suppositories OR</p> <p><input type="checkbox"/> 30 Day Supply <input type="checkbox"/> 60 Day Supply <input type="checkbox"/> 90 Day Supply <input type="checkbox"/> _____ Day Supply</p> <p>REFILLS:</p> <p><input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year</p>	<p>DIRECTIONS</p> <p><input type="checkbox"/> Vaginal: Apply 0.1-0.5ml (2-10 clicks) to clitoris 15-30 minutes prior to intercourse. Start off with a pea-size amount and increase slowly as needed. (Dispense in Topi-Click Micro dispenser)</p> <p><input type="checkbox"/> Oxytocin Nasal Spray: Instill 2-3 sprays (24-36 units of Oxytocin) intranasally 30-60 minutes prior to intercourse</p> <p><input type="checkbox"/> Other: _____</p> <p>QUANTITY OR DAY SUPPLY:</p> <p><input type="checkbox"/> _____ ml <input type="checkbox"/> _____ Vaginal Suppositories OR</p> <p><input type="checkbox"/> 30 Day Supply <input type="checkbox"/> 60 Day Supply <input type="checkbox"/> 90 Day Supply <input type="checkbox"/> _____ Day Supply</p> <p>REFILLS:</p> <p><input type="checkbox"/> # _____ <input type="checkbox"/> As needed for 1 year</p> <p>Reference</p> <p>Dare Bioscience Announces Initiation of Phase 2b RESPOND Study of Sildenafil Cream, 3.6% in Women with Female Sexual Arousal Disorder</p> <p>https://www.globe-news-wire.com/news-release/2021/03/24/2198408/30757/en/</p> <p>Dar% C3%A9-Bioscience-Announces-Initiation-of-Phase-2b-RESPOND-Study-of-Sildenafil-Cream-3-6-in-Women-with-Female-Sexual-Arousal-Disorder.html</p>
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BREMELANOTIDE (PT-141) FOR LIBIDO/ORGASM

Bremelanotide 5mg - Oxytocin 72 units/0.1ml Nasal Spray

DIRECTIONS

Instill _____ spray(s) intranasally _____ as needed 30-60 minutes prior to intercourse

Other: _____

MEDICATION

Sildenafil 3.6% Vaginal Gel

Sildenafil 0.2% - Tadalafil 0.3% Vaginal Gel

Sildenafil 7% - Testosterone 0.7% Topical Vaginal Gel

Oxytocin 12 units/0.1 ml Nasal Spray (7 spray = 0.7ml = 72 units of Oxytocin)

Aminophylline 3% - Arginine 6% - Sildenafil 2% Vaginal Gel

VULVODYNIA/ PELVIC FLOOR DYSFUNCTION/ CHRONIC PELVIC PAIN (CPP)/ VAGINISMUS/ PAINFUL INTERCOURSE

MEDICATION/ DIRECTIONS:

****NOTE: Diazepam is schedule IV and Ketamine is schedule III controlled substance medications. Therefore, any prescription containing either ingredient requires a written, faxed, or electronic prescription**

Amitriptyline HCl 2% - Baclofen 2% Vaginal (Ellage Anhydrous)

Diazepam 1% - Ketamine HCl 5% - Lidocaine 5% Vaginal (Ellage Anhydrous)

Baclofen 2% - Diazepam 1% - Gabapentin 6% - Lidocaine 2% Vaginal (Ellage Anhydrous)

DIRECTIONS

Apply 7ml (4 clicks) on vagina topically _____ x/day
(Dispense in Topi-Click dispenser)

Insert 7ml (4 clicks) intravaginally _____ x/day
(Dispense in vaginal Topi-Click Perl dispenser with applicator)

Other: _____

QUANTITY OR DAY SUPPLY:

_____ ml _____ Vaginal Suppositories OR

30 Day Supply 60 Day Supply 90 Day Supply _____ Day Supply

REFILLS:

_____ As needed for 1 year

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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