

PATIENT INFORMATION

Patient Name		Date of Birth
Mobile Phone	Alternate Phone #	Email Address
Address, City, State, Zip		Allergies <input type="checkbox"/> No Allergies

Rapid Dissolve Tabet

☐ **AVO ///**
RAPID DISSOLVE TABLET
Apomorphine **3mg** - Vardenafil **10mg** - Oxytocin **50iu**

☐ **AVO /// MAX**
RAPID DISSOLVE TABLET
Apomorphine **4mg** - Vardenafil **20mg** - Oxytocin **50iu**

Instructions for use:

Dissolve one tablet under the tongue
30 minutes prior to sexual activity.
Do not chew or swallow the tablet.

Refills:
Dispense:

☐ **FIRST FILL FOR \$10**
3AVO3

- 3 Rapid Dissolve Tabs
- FREE Shipping

**If selecting 3AVO3 first fill offer,
please also select a standard pack
size that may be filled by the patient in
the future after the first fill.*

☐ **6 PACK**

☐ **12 PACK**

☐ **30 PACK**

INJECTABLES **Each ED Injectable Kit is dispensed with 2 Syringe Kits (10 syringes per kit) and includes FREE Shipping.

FORMULATION	PGE1 (MCG/ML)	PAPAVERINE (MG/ML)	PHENTOLAMINE (MG/ML)	ATROPINE (MG/ML)	DISPENSE**:	REFILLS:
<input type="checkbox"/> Trimix Original	5.88	18	0.6	—	<input type="checkbox"/> FIRST FILL FOR \$65 *TRYTRIMIX* <ul style="list-style-type: none"> • 2.5mL Vial • Syringe Kit • FREE Shipping <i>*If selecting TRYTRIMIX first fill offer, please also select a standard pack size that may be filled by the patient in the future after the first</i>	<input type="checkbox"/> 2.5mL Kit <input type="checkbox"/> 5mL Kit <input type="checkbox"/> 10mL Kit
<input type="checkbox"/> Trimix Strd 001	10	30	0.5	—		
<input type="checkbox"/> Trimix Strd 002	10	30	1	—		
<input type="checkbox"/> Trimix Plus 001	20	30	2	—		
<input type="checkbox"/> Trimix Plus 002	25	30	2	—		
<input type="checkbox"/> Trimix Super	50	30	2	—	DIRECTIONS: Inject _____ units / _____ cc's intracavernosally as directed. Increase/decrease by _____ units / _____ cc's until desired effect is achieved. May use up to _____ x weekly.	REFILLS:
<input type="checkbox"/> Quadmix Strd 001	10	30	1	0.2		
<input type="checkbox"/> Quadmix Strd 002	10	30	2	0.2		
<input type="checkbox"/> Quadmix Plus	20	30	2	0.2		
<input type="checkbox"/> Quadmix Super 001	40	30	2	0.4		
<input type="checkbox"/> Quadmix Super 002	40	30	4	0.4	<input type="checkbox"/> Priapism Kit (1mL Phenylephrine + Saline + 30g, 8mm, 0.5cc Syringe) Sig: Inject as directed for priapism Qty: _____ kits <input type="checkbox"/> Pseudoephedrine 60mg Tablets Sig: 1-2 tabs for priapism ud Qty: _____ tabs	
<input type="checkbox"/> Bimix 001	—	30	1	—		
<input type="checkbox"/> CUSTOM	—	—	—	—		

TRIMIX INTRAURETHRAL GEL

INTRAURETHRAL GEL <input type="checkbox"/> PGE1 1000mcg - Papaverine 30mg - Phentolamine 2mg <input type="checkbox"/> PGE1 2000mcg - Papaverine 60mg - Phentolamine 4mg	DISPENSE: <input type="checkbox"/> 1mL <input type="checkbox"/> 2mL <input type="checkbox"/> 3mL <input type="checkbox"/> 4mL <input type="checkbox"/> 5mL SIG:	REFILLS:
--	--	-----------------

PRESCRIBER INFORMATION

Physician Name		Address, City, State, Zip		Phone:	
NPI #	DEA #	Prescriber Signature		Date	