COMPOUNDS FOR MEN'S HEALTH

Fax: 801-590-7003
P: 855.506.6999 NABP: 4162479 NPI: 1164778510
MEDS IN MOTION
PHARMACY REFORMULATED

(This prescription can be filled at the pharmacy of your choice)

PATIENT ________
Phone | Cell
Address
City | State | Zip | D.O.B.
Allergies

PRESCRIBER ________
Person Faxing Form
DEA | NPI
Address
City | State | Zip
Phone | Fax

ERECTILE DYSFUNCTION COMPOUNDS

CAPSULE (w/ L-Arginine HCl 10 mg)

TADALAFIL 6 mg
SILDENAFIL CITRATE 33 mg
TADALAFIL 20 mg
SILDENAFIL CITRATE 66 mg
TADALAFIL 25 mg
SILDENAFIL CITRATE 85 mg

SIG: Take 1 Capsule PO 30-60 minutes prior to sexual activity PRN

TROCHE (Note: Sublingual absorbtion is much stronger than capsule absorption)

TADALAFIL 6 mg
SILDENAFIL CITRATE 33 mg
TADALAFIL 20 mg
SILDENAFIL CITRATE 66 mg
TADALAFIL 25 mg
SILDENAFIL CITRATE 85 mg
SILDENAFIL CITRATE 150 mg

SIG: Dissolve 1 troche under tongue 30-60 minutes prior to sexual activity PRN

QUANTITY (minimum 30)

30
60
90

TESOSTERONE (INJECTABLE)

________ (Testosterone) CYPIONATE/PROPIONATE 200/20 mg/mL (in grapeseed oil)

(SIG: Inject ______ mL intramuscularly weekly

4 mL vial

(SIG: Inject ______ mL intramuscularly twice weekly

TESOSTERONE CREAM

________ (Testosterone) **Cream**

STRENGTH	**QUANTITY**
25 mg/g	**30 g**
50 mg/g	**60 g**
100 mg/g	**90 g**
200 mg/g	
______ mg/g	SIG: Apply 1 pump QD

BIEST

BiEst Cream

QUANTITY
30 g **60 g** **90 g**

50/50	**80/20**
E2/E3 0.5/0.5 mg/gm	E3/E2 0.8/0.2 mg/gm
E2/E3 1.0/1.0 mg/gm	E3/E2 1.6/0.4 mg/gm
E2/E3 1.5/1.5 mg/gm	E3/E2 2.4/0.6 mg/gm

SIG: Apply 1 pump QD

ESTRADIOL CREAM

Estradiol Cream SIG: Apply 1 pump QD

STRENGTH	**QUANTITY**
0.125 mg/g	**30 g**
0.15 mg/g	**60 g**
0.2 mg/g	**90 g**

REFILLS 1 2 3 4 5 PRN

Q1 2020

SIGNATURE: ________ DATE: ________