DATE _____

SBH MEDICAL
COMPOUNDING
INFUSION
MEDICAL SUPPLIES
SPECIALTY MEDICATIONS

655 Dearborn Park Lane, Worthington, OH, 43085
Phone: (614) 847-6007 | Fax: (614) 847-6015 | totani@sbhmed.com

MALE BHRT

Rx Order Form

PATIENT

☐ TXT Preferred* _____

NAME * **DOB** * **PHONE** *

STREET CITY STATE ZIP

ALLERGIES * **EMAIL** *

PRESCRIPTION

SILDENAFIL CITRATE TABLETS

20mg ☐ _____ mg ☐

☐ Take 1 tablet PO every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

FINASTERIDE TABLETS

2.5mg ☐ 5mg ☐ _____ mg ☐

☐ Take 1 tablet PO every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

☐ Above hormones combined unless box checked

PREGNENOLONE SUBLINGUAL TABLETS

100mg ☐ 150mg ☐ _____ mg ☐

Sig: Take 1 tablet sublingually every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

DHEA SUBLINGUAL TABLETS

15mg ☐ 25mg ☐ _____ mg ☐

Sig: Take 1 tablet sublingually every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

☐ Above hormones combined unless box checked

TESTOSTERONE SUBLINGUAL TABLETS

_____mg

Sig: Take 1 tablet sublingually every morning

Quantity: 30 60 Refills: 1 2 3 4 5 prn

TESTOSTERONE TOPICAL GEL 30 GM (ATREVIS HYDROGEL)

_____mg

Sig: Apply dose topically

☐ QD ☐ BID

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

TESTOSTERONE RDT (RAPID DISSOLVE TABLE)

_____mg

Sig: Take 1 tablet sublingually prn

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

TESTOSTERONE VIAL (CLOSED ACCESS DEVICE)

_____ mg

☐ With Stopper Attached ☐ Syringes included

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

TADALAFIL RDT (RAPID DISSOLVE TABLET)

5mg ☐ 7.5mg ☐ 15mg ☐ 23mg ☐

Sig: Take 1 tablet sublingually prn

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

CUSTOM ORDER

RX QUANTITY gm

SIGNATURE REFILL(S)

PRESCRIBER

NAME * **SIGNATURE** *

STREET CITY STATE ZIP

PHONE FAX ORDER SENT BY

DEA # * STATE LICENSE # NPI #

*** Required fields**

FAX COMPLETED FORM TO **(614) 847-6015**
EMAIL FORM TO **TOTANI@SBHMED.COM**