

DATE _____

655 Dearborn Park Lane, Worthington, OH, 43085
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Rx Order Form

PATIENT

TXT Preferred* _____

NAME *	DOB *	PHONE *
STREET	CITY	STATE
ALLERGIES *	EMAIL *	ZIP

PRESCRIPTION

TRI MIX VI:

- Papaverine 29.4mg/ml, Phentolamine 1mg/ml, Prostaglandin (PGE1) 10mcg/ml
 New Patient Test Vial 0.5ml
Quantity: 5ml 10ml **Refills:** _____
Directions:
 Sig: Inject _____ ml IC prn sexual activity (may titrate by 0.05cc to efficacy)
 Other: _____
 1ml 31-gauge needle 10pk
 1ml 27-gauge needle 10pk

SUPER TRI MIX VI:

- Papaverine 30mg/ml, Phentolamine 2mg/ml, Prostaglandin (PGE1) 50mcg/ml
Quantity: 5ml 10ml **Refills:** _____
Directions:
 Sig: Inject _____ ml IC prn sexual activity (may titrate by 0.05cc to efficacy)
 Other: _____
 1ml 31-gauge needle 10pk
 1ml 27-gauge needle 10pk

BI MIX I:

- Papaverine 24mg/ml, Phentolamine 0.5mg/ml
Quantity: 5ml 10ml **Refills:** _____
Directions:
 Sig: Inject _____ ml IC prn sexual activity (may titrate by 0.05cc to efficacy)
 Other: _____
 1ml 31-gauge needle 10pk
 1ml 27-gauge needle 10pk

BI MIX II:

- Papaverine 27mg/ml, Phentolamine 0.5mg/ml
Quantity: 5ml 10ml **Refills:** _____
Directions:
 Sig: Inject _____ ml IC prn sexual activity (may titrate by 0.05cc to efficacy)
 Other: _____
 1ml 31-gauge needle 10pk
 1ml 27-gauge needle 10pk

BI MIX III:

- Papaverine 30mg/ml, Phentolamine 1mg/ml
Quantity: 5ml 10ml **Refills:** _____
Directions:
 Sig: Inject _____ ml IC prn sexual activity (may titrate by 0.05cc to efficacy)
 Other: _____
 1ml 31-gauge needle 10pk
 1ml 27-gauge needle 10pk

PRESCRIBER

NAME *	SIGNATURE *
STREET	CITY
PHONE	STATE
DEA # *	FAX
STATE LICENSE #	ORDER SENT BY
NPI #	ZIP

* Required fields

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