PRESCRIPTION ORDER

Clinic/Physician name:_____ Phone:_____

Address:_____

City:_____ State:_____ Zip:_____

PATIENT INFORMATION

Name:_____ DOB:_____

Address:_____

City:_____ State:_____ Zip:_____

503B Label (mL)	PGE mcg/mL	Papaverine mg/mL	Phentolamine mg/mL	Atropine mg/mL
☐ PGE1 (2.5 / 10)	40	-	-	-
☐ PGE2 (2.5 / 10)	80	-	-	-
☐ T105 (2.5 / 5 / 10)	10	30	1	-
☐ T106 (2.5 / 5 / 10)	25	20	1	-
☐ NB-243 (2.5 / 10)	20	30	3	-
☐ NB-343 (2.5 / 10)	30	30	3	-
☐ SB5 (2.5 / 5 / 10)	50	30	3	-
☐ SB6 (2.5 / 5 / 10)	60	30	3	-
☐ ST2 (2.5 / 5 / 10)	100	30	3	-
☐ RE1 (2.5 / 5 / 10)	200	30	3	-
☐ FA (2.5 / 10)	20	20	2	0.2
☐ QM2 (2.5 / 5 / 10)	60	30	3	0.2
☐ QM3 (2.5 / 5 / 10)	150	30	3	0.2

“Reversal Medication” in case of priapism

☐ Include Phenylephrine 1mg/mL (5mL)

Dispense Qty: ☐ 2.5mL ☐ 5mL ☐ 10mL _____ # of syringes/bags of 10, 2/1cc,30 gauge, ½”, alcohol pads

Sig:_____

Physician Name (Print):_____ Physician Signature:_____

NPI:_____ Phone:_____ Refills:_____