



FAX Cover Sheet

From: _____

Date: _____

Fax #: _____

Phone #: _____

To: Mixtures Pharmacy

Fax: 480-706-0489

Ahwatukee (Phone: 480-706-0620)

Gilbert (Phone: 480-300-5279)

Scottsdale (Phone: 480-400-0649)

Subject: New Rx

Pages: (including the cover sheet) # _____

Comments:

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Patient Name: _____ DOB: ____/____/____
 Address: _____ City _____ State _____ Zip _____
 Phone: (____) _____ - _____ Allergies: _____

	Medication/Dose	Directions	Supply	Refills
P D E - 5	Sildenafil <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg troche add <input type="checkbox"/> Oxytocin <input type="checkbox"/> 40U <input type="checkbox"/> 125U	Dissolve <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1 troche under the tongue 30 minutes prior to sexual activity	<input type="checkbox"/> #10 <input type="checkbox"/> #20 <input type="checkbox"/> #30	
	Tadalafil <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg troche add <input type="checkbox"/> Oxytocin <input type="checkbox"/> 40U <input type="checkbox"/> 125U			
	Sildenafil <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg tablet (Commercial)	Take 1 tablet <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour prior to sexual activity or <input type="checkbox"/> Take 1 tablet daily	<input type="checkbox"/> #30 <input type="checkbox"/> #60 <input type="checkbox"/> #90	
	Tadalafil <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg tablet (Commercial)			

Signature (substitution permissible)	Printed Name	DEA (if Testosterone)	Office Phone	Date
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