



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 (*Must write testosterone if intended to be in the prescription)	Directions	Supply	Refills
L I B I D O	<input type="checkbox"/> Libido I (Sildenafil 1%/ Arginine 6%)	Apply a pea sized amount to clitoral region 20-30 minutes prior to anticipated intercourse	<input type="checkbox"/> 15gm	
	<input type="checkbox"/> Libido II (Libido I + B3 1%/T _____ (0.2%) _____ % (*Must write Testosterone if intended to be in the prescription)			
	<input type="checkbox"/> Libido III (Libido II (T _____) + E3 0.1% / E2 0.025% (*Must write Testosterone if intended to be in the prescription)			
	<input type="checkbox"/> Menthol 0.25% (Check if adding to any of the Libido Formulations)			
	<input type="checkbox"/> Arginine (Check if removing from any of the Libido Formulations *may promote Herpes Simplex Virus replication*)			
	Oxytocin (10-100IU) _____ IU <input type="checkbox"/> Troche <input type="checkbox"/> Nasal spray (/0.1ml=spray)	Use 1 troche/spray _____ <input type="checkbox"/> qhs <input type="checkbox"/> bid <input type="checkbox"/> 30 min prior to intercourse	<input type="checkbox"/> 30 troche <input type="checkbox"/> 60 troche	
	DHEA <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg Vaginal Suppository	Insert 1 suppository nightly for 14 nights, then 1-3 times weekly prn	<input type="checkbox"/> #15 <input type="checkbox"/> #30	
	Estriol (0.05%-0.3%) Vaginal Cream _____ %	Apply 1gm vaginally nightly for 14 nights then 2-3 times weekly prn	30gm	
	Boric Acid 600mg Vaginal <input type="checkbox"/> Gelatin Capsule <input type="checkbox"/> Suppository	Insert vaginally qhs for _____ days	<input type="checkbox"/> #15 <input type="checkbox"/> #30	
	Hyaluronic Acid 5mg Suppository	Insert 1 suppository vaginally at bedtime for 10 nights, then 2-3 times weekly	<input type="checkbox"/> #15 <input type="checkbox"/> #30	

	Medication/Dose (must write the controlled substance to be included in the compound)	Directions	Supply	Refills
V U L V O D Y N I A	Gabapentin 6% Cream	Apply 2-3 times daily prn pain.	<input type="checkbox"/> 30gm	
	D _____ mg/Baclofen _____ mg Suppository (Typical dose is 5mg/4mg) (Write Diazepam to add to the compound)	Insert 1 suppository <input type="checkbox"/> vaginally <input type="checkbox"/> rectally as needed for pain <input type="checkbox"/> qhs <input type="checkbox"/> bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> # _____	
	Betamethasone 0.1%/Lidocaine 5%/Aloe 0.5% in Pracasil <input type="checkbox"/> DHEA 0.5% <input type="checkbox"/> T _____ (0.05-0.1%) _____ % (Write Testosterone to add to the compound)	Apply a thin film to the affected area daily.	<input type="checkbox"/> 30gm	
	Amitriptyline 2% Vaginal Cream <input type="checkbox"/> Gabapentin 5% <input type="checkbox"/> Lidocaine 5% <input type="checkbox"/> K _____ (5%) _____ % <input type="checkbox"/> Diclofenac 5% <input type="checkbox"/> Baclofen 2% (Write Ketamine to add to the compound)	Apply a thin film to the affected area twice daily as needed	<input type="checkbox"/> 30gm	

Signature (Substitution Permissible)	Print Name	DEA if Testosterone or Ketamine	Office Phone #	Date written
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