WEST END PHARMACY LOGANVILLE

Date:_____

Patient Name:_____ DOB:_____ Allergies:_____

Address:_____Phone:_____

Medication	SIG	Quantity (circle)
Bremelanotide 5mg/ Oxytocin 250mcg/mL Intranasal Spray	Instill 0.2-0.4mL intranasally once daily as needed 15-30 minutes prior to intercourse	6 mL
Bremelanotide 1mg/ Oxytocin 100u Troche	Dissolve 1-2 troches under tongue 20-30 minutes prior to intercouse	#10 Troches #30 Troches
Methylene Blue Capsules	Take 1 capsule by mouth every other day Commonly Prescribed Doses: **10mg** **25mg** **50mg**	#15 capsules #30 capsules #45 capsules ___ other
Tesamorelin 10mg/Glycine 20mg Lyophilized Vial	Inject 0.2mL (2mg/2.5mg) under the skin once nightly at bedtime 5 nights and then 2 nights off for 28 days	4mL
Sermorelin 10mg Lyophilized Vial	Inject ___ units under the skin once nightly at bedtime for 5 nights on and 2 days off	#1
NAD+ 500 mg Lyophilized Vial	Reconstitute vial with 5mL of bacteriostatic water for injection and inject 100 units once daily for 5 days	___ vials

Refills (circle): 1 2 3 4 5 6

Prescriber's Name: _____ Prescriber's Phone: _____

Prescriber's Address: _____

Prescriber's NPI or DEA*:* _____ _____

(*Prescriber's Signature)*

Supervising Physician (if applicable): _____

Prescriber's name, address and phone number must be printed on all faxed prescriptions to be compliant with state law. Prescription must be signed by prescriber. By prescribing a compounded drug product the prescriber acknowledges that the compounded product will have a **clinically significant** effect for this individual patient.