



6700 Conroy Road, ste 140
 Orlando, FL 32835
 407-673-2222
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TriMix
Prescription Order
Fax: 407-673-1234

Patient Information

Name _____ Date _____

Address _____

City: _____ State _____ Zip _____

Phone _____ Email _____ D.O.B. _____

- Prostaglandin Injection 40mcg/ml
- BiMix Inj (Papaverine 30mg / Phentolamine 1mg/ml)
- BiMix Inj (Phentolamine 2.5mg / Alprostadil 125 mcg/ml)
- TriMix Inj (Papaverine 22.5mg / Phentolamine 0.83mg / Alprostadil 8.3 mcg/ml)
- TriMix Inj (Papaverine 30mg / Phentolamine 1mg / Alprostadil 10 mcg/ml) **STANDARD FORMULA**
- Super TriMix Inj (Papaverine 30mg / Phentolamine 1mg / Alprostadil 20 mcg/ml)
- QuadMix Inj (Papav 9mg / Phent 1mg / Alprostadil 10mcg / Atropine 0.1 mg/ml)
- QuadMix Inj (Papav 1.8mg / Phent .2mg / Alprostadil 36mcg / Atropine 0.02 mg/ml)
- Custom Blend*
 - Papaverine _____ mg/ml Phentolamine _____ mg/ml Alprostadil _____ mcg/ml Atropine _____ mg/ml
 - Circle Quantity 5ml 10ml _____ml

Instructions: _____

Other: _____ Syringes 1cc 30g 1/2" _____ Alcohol Swabs

Refills: _____

 Physician Signature

 Physician Phone