



TRIMIX EXPERTS

Web*

Prescription Fax Order: 407-673-1234

**Prescription MUST be faxed from physicians office to be a valid prescription*

Patient Information Ship to: Patient Address Office Address

****TriMix must be kept cool and will be shipped to arrive next business day.**

Name: _____ Date: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____ D.O.B. _____

- TriMix Standard** (Papaverine 30mg / Phentolamine 1mg / Alprostadil 10 mcg/ml)
- TriMix Plus** (Papaverine 30mg / Phentolamine 1mg / Alprostadil 25 mcg/ml)
- TriMix Super** (Papaverine 30mg / Phentolamine 3mg / Alprostadil 100 mcg/ml)
- Quad Mix** (Papaverine 30mg / Phentolamine 3mg / Alprostadil 150mcg / Atropine 0.2 mg/ml)
- Custom** (_____ Papaverine mg/ml / _____ Phentolamine mg/ml / _____ Alprostadil mcg/ _____ Atropine mg/ml)
- Phenylephrine** 1mg/ml - 5ml (*inject .5ml in case of priapism, repeat every 15 minutes up to 6 injections*)

****Dispense Quantity 5ml 10ml**

- Other: qs Syringes 1cc / 30g / 1/2" and Alcohol Swabs
- Autoject II

Sig: _____

Print Physician Name: _____ **Date:** _____

Physician License: _____ **Physician Phone:** _____

Physician Address: _____

City, State, Zip: _____

Physician Signature: _____ **Refills:** _____