VIOS
COMPOUNDING PHARMACY

MALE COMPOUNDING PRESCRIPTION FORM

Please **fax** completed form to **(800) 537-5193** or call (800) 518-9831
31035 Schoolcraft Rd • Livonia, Michigan 48150 • **vioscompounding.com**

PATIENT INFORMATION

PLEASE FAX WITH PATIENT DEMOGRAPHIC SHEET & RX INSURANCE CARD

NAME		ALLERGIES	
DATE OF BIRTH	PHONE		
ADDRESS	CITY	STATE	ZIP

HAIR LOSS

MEDICATION / CONCENTRATION	SUPPLIED	SIG	REFILLS
Finasteride 1mg	○ 30 tab ○ 60 tab ○ 90 tab	Take 1 tablet daily	○ ______ ○ None
Hair Foam Finasteride 0.25%, Minoxidil 5%, Tretinoin 0.03%	○ 60 mls ○ 120 mls	Apply to scalp as directed	○ ______ ○ None
Biotin/Finasteride Capsule 5 mg/1 mg	○ 30 cap ○ 60 cap ○ 90 cap	Take 1 capsule daily	○ ______ ○ None

TESTOSTERONE REPLACEMENT

MEDICATION / CONCENTRATION	SUPPLIED	SIG	REFILLS
____________________ Cypionate ○ 100mg ○ 200mg (must write Testosterone)	○ 1ml ○ 10ml	Inject _____ml _____ weekly ○ Include kit	○ ______ ○ None
____________________ Enanthate 1000mg (must write Testosterone)	○ 5ml bottle	Inject _____ml _____ weekly ○ Include kit	○ ______ ○ None
____________________ Transdermal Gel (must write Testosterone) ○ 30 day ○ 60 day ○ 90 day	○ 100mg/ml ○ 200mg/ml	Apply _____ gm ○ QD ○ BID ○ TID ○ QID	○ ______ ○ None
Pregnyl	○ 10mls	Inject _____iu SQ _____ weekly ○ Include injection kit	○ ______ ○ PRN
Clomiphene Citrate (tablet) - 30 Tablets	50mg	Take 1 PO QD	○ ______ ○ PRN
Anastrozole (tablet) - 30 Tablets	1mg	○ ¼ ○ ½ ○ 1 tablet PO ○ 2 QWK ○ 3 QWK ○ daily	○ ______ ○ PRN
Anastrazole SR - 30 Capsules	○ .5mg ○ .75mg	Take 1 PO QD	○ ______ ○ PRN

Additional Directions

PRESCRIBER INFORMATION

PRESCRIBER NAME (PLEASE PRINT)	**SIGNATURE**	DATE	OFFICE CONTACT
NPI#	DEA#	PHONE	FAX
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SEXUAL PERFORMANCE

MEDICATION / SIG	SUPPLIED	QUANTITY	REFILLS
Sildenafil ○ Troche: completely dissolve ○ ¼ ○ ½ ○ 1 troche under tongue 30 minutes prior to sexual activity ○ Capsule: take 1 capsule by mouth 30 minutes prior to sexual activity	○ 25mg ○ 50mg ○ 100mg	○ 20 ○ 30 ○ 60 ○ 90	○ ______ ○ PRN ○ None
Tadalafil ○ Troche: completely dissolve ○ ¼ ○ ½ ○ 1 ○ once daily ○ 1-2 hours prior to sexual activity ○ Capsule: take 1 capsule by mouth ○ once daily ○ 1-2 hours prior to sexual activity	○ 5mg ○ 10mg ○ 20mg ○ 40mg	○ 20 ○ 30 ○ 60 ○ 90	○ ______ ○ PRN ○ None

CUSTOM BLEND MEDICATION / SIG	QUANTITY	REFILLS
______________ (must write Testosterone) ________mg Nandrolone ________mg Oxandrolone ________mg Stanozolol ________mg Anastrazole ________mg Glutathione ________mg Sermorelin ________mg ○ Cream ○ Troche ○ Capsule ○ Spray SIG: ______________________________	○ 30 days ○ 60 days ○ 90 days	○ ______ ○ PRN ○ None

Additional Directions

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