

# Urology Tri-Mix Prescription Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Rx:

Bi-Mix per ml:

\_\_\_\_ Papaverine 30 mg  
Phentolamine 1 mg

\_\_\_\_ Papa 30 mg  
Phen 2 mg

\_\_\_\_ Papa 30 mg  
Phen 3 mg

Tri-Mix per ml:

\_\_\_ Regular Strength  
Papaverine 18 mg  
Phentolamine 0.6 mg  
Alprostadil (PGE) 7.0 mcg

\_\_\_ Double Strength  
Papa 30 mg  
Phen 1 mg  
PGE 10 mcg

\_\_\_ Triple Strength  
Papa 30 mg  
Phen 2 mg  
PGE 30 mcg

Quad-Mix per ml:

Papaverine \_\_\_\_\_ mg  
Phentolamine \_\_\_\_\_ mg  
Alprostadil (PGE) \_\_\_\_\_ mcg  
Atropine \_\_\_\_\_ mg

QTY: 5 ml                      Sig: Use as Directed by Physician  
Protect from light & keep frozen  
Alt Sig:

Additional Supplies:

\_\_\_\_ #10 pack of syringes                      \_\_\_\_ Alcohol Swabs                      \_\_\_\_ Sharps Container

\_\_\_\_\_  
Physician Signature

Refills: \_\_\_\_\_                      PRN  
No Refills

Prescriber: \_\_\_\_\_

Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_