

Urology Tri-Mix Prescription Form

Patient Name: _____ DOB: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Rx:

Bi-Mix: _____ Phentolamine 1 mg/ml _____ Phentolamine 2 mg/ml _____ Phentolamine 3 mg/ml
 Papaverine 30 mg Papaverine 30 mg Papaverine 30 mg

Tri-Mix:

| | | |
|---|---|---|
| ___ Regular Strength Papaverine 18 mg Phentolamine 0.6 mg Alprostadil (PGE) 7.0 mcg/ml | ___ Double Strength 10 mcg/ml 30 mg 1 mg | ___ Triple Strength 30 mcg/ml 30 mg 2 mg |
|---|---|---|

Quad-Mix:

Papaverine _____ mg
Phentolamine _____ mg
Alprostadil (PGE) _____ mcg/ml
Atropine _____ mg

QTY: 5 ml

Sig: Use as Directed by Physician
Protect from light & keep frozen

Alt Sig: _____

Supplies:

_____ #10 pack of syringes

_____ Alcohol Swabs

_____ Sharps Container

Refills: PRN

Physician Signature

Prescriber: _____

Phone: _____

Clinic: _____

Address: _____ City: _____ State: _____ Zip: _____