



Better Health and Care, Not Just Healthcare!

Roselle:

Phone: (800) 776-4378

Fax: (630) 529-3429

Deerfield:

Phone: (847) 419-9898

Fax: (847) 419-9899

Compounded Formulations

Patient / Clinic Name _____

Address _____ **City** _____ **Zip** _____

Phone Number _____ **Fax Number** _____

Check Prescribed Formulations:

Tri-Mix:

- Prostaglandin 10mcg Phentolamine 1mg Papaverine 30mg/ml
- Prostaglandin ___mcg Phentolamine ___mg Papaverine ___mg/ml
- 2ml 5ml 10ml ___ml

- Inject as directed. Start with 15 units and increase as directed if needed. Do not use more than 3-4 times per week.

Bi-Mix:

- Papaverine 30mg Phentolamine 1.5mg/ml
- Papaverine ___mg Phentolamine ___mg/ml
- 2ml 5ml 10ml ___ml

- Inject as directed. Start with 15 units and increase as directed if needed. Do not use more than 3-4 times per week.

Quad-Mix:

- Prostaglandin 18mcg Phentolamine 0.2mg Papaverine 30mg Atropine Sulfate 0.02mg/ml
- Prostaglandin ___mcg Phentolamine ___mg Papaverine ___mg Atropine Sulfate ___mg/ml
- 2ml 5ml 10ml ___ml

- Inject as directed. Start with 15 units and increase as directed if needed. Do not use more than 3-4 times per week.

Syringes 29g 1/2 inch # _____

Notes For Pharmacist:

Dr. Name _____ **Address** _____ **Phone** _____

Dr. Signature _____ **DEA** _____ **Refills** _____

Physicians can add name & address stamp here:

