



P3 Compounding Pharmacy
 8848 Cedar Springs Lane,
 Suite 100, Knoxville, TN 37923
 Phone: (865) 769-5180
Please Fax Order to
(865) 769-5179

Trimix Injection Order Form for

Facility Name: _____
 Facility Address: _____
 Facility Phone: _____
 Facility Fax: _____

Patient Name _____ DOB _____ Phone _____

Patient Address _____

Ship to Patient Ship to Office Hold at Pharmacy for Pickup

#10136 Trimix Injection (Papaverine/Phentolamine/Prostaglandin E-1) 15mg/0.5mg/5mcg **(Circle)** 2ml 4ml

#10137 Trimix Injection (Papaverine/Phentolamine/Prostaglandin E-1) 17.7mg/0.59mg/6mcg **(Circle)** 2ml 4ml

Trimix Injection (Papaverine/Phentolamine/Prostaglandin E-1) ____mg/____mg / ____mg **(Circle)** 2ml 4ml

SIG: Inject ____ml intercavernosally 15-20 minutes prior to intercourse. May increase in ____ml increments, to max of 1ml.

REFILLS (Circle): 0 2 Other: _____

Custom Penile Injection:

QUAD MIX: _____/_____/_____/_____ mcg/ml

TRI MIX: _____/_____/_____ mcg/ml

BI MIX: _____/_____ mcg/ml

SINGLE MIX: _____ mcg/ml

ORDER QUANTITY (CIRCLE): 2ml 4ml Other: _____

SIG: _____

REFILLS (CIRCLE): 0 2 Other: _____

Prescriber Name _____

Prescriber Signature: _____

Date: _____ NPI: _____ DEA: _____

*The FDA does not approve compounded prescriptions to cure, treat or mitigate disease.