

TriMix Injection Patient Request Form

Are you interested in trying TriMix Injection for erectile dysfunction? At TriMixInjection.com we will take care of all of the paperwork to get you started. Fill out the information below, send it to us via fax, e-mail or US Mail and we will put you in contact with a compounding specialist that will contact your physician with a request or help you find a physician in your area. If you have any general questions list them below or e-mail us directly at info@trimixinjection.com. ALL information is 100% confidential and will not be used for ANY type of future marketing.

Name _____ Date of Birth _____

Address _____ City _____

Zip Code _____ Contact Phone _____

E-Mail _____

Dr. Name _____ Dr. Phone # _____

Have you visited your physician in the past year? Yes or No (Circle)

If you currently are using Tri-Mix and would like us to transfer your prescription to our pharmacy to take advantage of our special offer please provide the following information. If you are not currently using Tri-Mix, leave this section blank:

Pharmacy Name _____ Date of Last Fill _____

Pharmacy Phone _____ Prescription # _____

Questions For Our Compounding Specialist:

This form can be:

- 1) Faxed to 800-628-5764
- 2) Scanned and E-mailed to: Info@TriMixInjection.com
- 3) Mailed To: TriMixInjection.com, 4862 Olinda St, Yorba Linda, Ca 92886

www.TriMixInjection.com