



Men's Health Order Form"
 PCCA Compqwpf lpi "Rj cto ce{
 Direct Phone 317-231-5252
 758 Westfield Rd 46062

PATIENT INFORMATION

FAX: 317-900-7458

"Valid if transmitted by facsimile machine only"

PATIENT NAME:		DATE OF BIRTH:	
<input type="checkbox"/> Deliver to patient (Free)		SSN:	
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP:	ICD9 CODES/DX:
Insurance ID:	Group:	BIN:	PCN:
Allergies:			

MOST REQUESTED FORMULAS

<input type="checkbox"/> Anastrozole Capsule	<input type="checkbox"/> 0.25MG	<input type="checkbox"/> 0.5MG	<input type="checkbox"/> 1MG	<input type="checkbox"/> ___ MG
<input type="checkbox"/> Clomiphene Citrate Topical Gel	<input type="checkbox"/> 5%	<input type="checkbox"/> 7.5%	<input type="checkbox"/> 10%	<input type="checkbox"/> ___ %
<input type="checkbox"/> Clomiphene Citrate Capsule	<input type="checkbox"/> 10MG	<input type="checkbox"/> 25MG	<input type="checkbox"/> 50MG	<input type="checkbox"/> ___ MG
<input type="checkbox"/> Minoxidil 10%% - Finasteride 0.1% Topical Gel in VersaBase				
Sildenafil AR Capsule	<input type="checkbox"/> 10MG	<input type="checkbox"/> 25MG	<input type="checkbox"/> 100MG	<input type="checkbox"/> ___ MG
Sildenafil Troche	<input type="checkbox"/> 10MG	<input type="checkbox"/> 25MG	<input type="checkbox"/> 100MG	<input type="checkbox"/> ___ MG
Tadalafil AR Capsule	<input type="checkbox"/> 3MG	<input type="checkbox"/> 7MG	<input type="checkbox"/> 22MG	<input type="checkbox"/> ___ MG
Tamoxifen Capsule	<input type="checkbox"/> 1MG	<input type="checkbox"/> 5MG	<input type="checkbox"/> 10MG	<input type="checkbox"/> ___ MG
Testosterone Topical Cream per ml	<input type="checkbox"/> 25MG	<input type="checkbox"/> 50MG	<input type="checkbox"/> 75MG	<input type="checkbox"/> ___ MG

Quantity: ___ 30 Day Supply Other Quantity: ___

Sig: _____

Other Requested Formulations: _____

Refills 0 1 2 3 4 5 PRN

PRESCRIBER

Name:	TEL:
SIGNATURE: _____	DATE ___/___/_____
Dispense as Written	May Substituted

The information here is solely for reference and should not be considered as endorsing any formulations' effectiveness. These sample formulations are based on past prescriptions written by licensed professionals and are not intended to influence professional judgment.

Confidentiality Notice: The accompanying transmission contains confidential information protected by law, intended only for the listed doctor's use. If you are not the intended recipient, you are prohibited from disclosing or distributing this communication. Please contact us immediately if you received this message in error.



NOBLESVILLE PHARMACY

FAX COMPLETED PRESCRIPTION • PATIENT PHONE NUMBER

_____ **TO: (317) 900-7458** _____

NOBLESVILLE LOW COST PHARMACY • 758 Westfield Drive • Noblesville, IN 46062 • (317) 231-5252