

Better Health and Care, Not Just Healthcare!

Roselle:

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Deerfield:

Phone: (847) 419-9898 Fax: (847) 419-9899

Compounded Formulations

Patient			
Address	City	State	Zip
Phone Number		Date of Birth	
Credit Card Numbers	Expire Date		Security Code
Check Prescribed Form	ulations:		
Tri-Mix:			
[] Prostaglandin 10mcg	Phentolamine 1mg	Papaverine 30mg	g/ml
[] Prostaglandinmcg	_	-	
[]2.5ml []5ml []		1	
- Inject as directed. Start with 15 units and increase as directed if needed. Do not use more than 3-4 times per week.			Rf
Bi-Mix:	1		
[] Papaverine 30mg	Phentolamine 1.5mg/ml		
Papaverinemg	Phentolaminemg/m	nl	
[]2.5ml []5ml []			
- Inject as directed. Sta	art with 15 units and increa	ase as directed if	Rf
•	more than 3-4 times per we		
Quad-Mix:			
[] Prostaglandin 18mcg	Phentolamine 0.2mg	Papaverine 30mg	Atropine Sulfate 0.02mg/ml
[] Prostaglandinmcg	Phentolaminemg	Papaveriner	ng Atropine Sulfatemg/ml
[]2.5ml []5ml []	10ml []ml		
•	art with 15 units and increa more than 3-4 times per we		Rf
[] Syringes 29g 1/2 inch # (15235)			
Notes For Pharmacist:			F _X
Dr. Name	Phone		Fax
Dr. Signature			DEA
Address			Clinic Name
Physicians can add name &	k address stamp here:		