

# Compound Order Form – Sexual Health

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

**Male Sexual Dysfunction**

Sildenafil 25mg 50mg 100mg Troches (circle one)  
OR  
Tadalafil 5mg 10mg 20mg Troches (circle one)  
Dissolve 1 troche po 1 hour prior to sexual activity prn  
Qty # 30 60 90 Refills \_\_\_\_\_

**Male Sexual Dysfunction**

Sildenafil 1% OR Tadalafil 1% cream (circle one)  
Sig: Apply topically to penis 30 minutes prior to sexual activity prn  
Qty# 30 grams 60 grams (circle one) Refills \_\_\_\_\_

**Female Sexual Dysfunction (Scream Cream)**

Scream Cream (Sildenafil 2%/Aminophylline 3%/ Arginine HCl 6% Vaginal Cream)  
Sig: Apply to clitoral skin 30 minutes prior to intercourse  
Qty (circle one) 15 grams 30 grams Refills \_\_\_\_\_

**Female Sexual Dysfunction**

(circle one)  
Sildenafil Vaginal Suppositories 25mg 50mg  
Sig: Insert 1 suppository vaginally 30-60 mins prior to sexual activity  
Qty (circle one) 30 60 Refills \_\_\_\_\_

Physician Name \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature/Person Authorizing and Title \_\_\_\_\_

Physician NPI or DEA# \_\_\_\_\_

Physician's Office Phone # \_\_\_\_\_