

BLACKBURN DRUG

PHONE: 307-201-1159 L FAX: 307-201-1553

BLACKBURNDRUG.COM

545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME _____ DOB _____

ADDRESS _____ PHONE _____

ALLERGIES _____

TESTOSTERONE BEING A CONTROLLED SUBSTANCE NEEDS TO BE WRITTEN ON THE FORM. SINCE THE COMPOUNDS HAVE TWO OR MORE INGREDIENTS, IT CAN BE CALLED OR FAXED INTO A COMPOUNDING PHARMACY.

(WRITE TESTOSTERONE) _____ 5% (TYPICAL STARTING DOSE)

APPLY 2 CLICKS (1 ML) TO CLEAN DRY SKIN DAILY

#90 GRAMS - 90 DAY SUPPLY

REFILLS _____

(WRITE TESTOSTERONE) _____ %

APPLY 2 CLICKS (1 ML) TO CLEAN DRY SKIN DAILY

#90 GRAMS WITH 1 REFILL

90 DAY SUPPLY

REFILLS _____

SILDENAFIL IMMEDIATE RELEASE 100 MG TROCHES

TAKE ¼ TO 1 TROCHE 1 HOUR PRIOR TO SEXUAL ACTIVITY AS NEEDED

30 TROCHES

REFILLS _____

PHYSICIAN NAME _____ DATE _____

SIGNATURE _____ DEA _____