

Patient Name:		DOB:
Phone:	Cell:	
Address:		
City:	State:	Zip:
Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N		

MEN'S HEALTH

Hormone Replacement Therapy Items

- PCCA Formula #12372**
Testosterone _____% (W/W) Topical Gel (VersaBase®) (FormulaPlus™ BUD Bracketed Study)
- PCCA Formula #11401**
Testosterone _____% Topical Lipoderm®
- PCCA Formula #9930**
Testosterone _____% (W/V) Topical Gel-Cream (FormulaPlus™ BUD Study)
- PCCA formula #12674**
Testosterone _____% (W/W) Topical Atrevis Hydrogel

Other

- PCCA Formula #5524**
Phentermine _____mg Sorbitol Lollipop™ Base
- PCCA Formula #10173**
Minoxidil 15% Topical Solution

Other Preparation and Strength

ED Therapy Items

- PCCA Formula #13698**
Sildenafil 20 mg Troche (NataTroche™)
- Tadalafil _____mg Capsule
- Tadalafil _____mg Troche

Need something else? Contact one of our compounding pharmacists at 801-561-2287.

Sig:	
Qty:	

Prescriber:	Phone:
Signature:	Date:
Prescriber Address:	