Urology Tri-Mix Prescription Form

Patient Name:	DOB:	Date:	
Address:	City:	State:	Zip:
Phone:			
Rx:			
	1 mg/ml Phentolami mg Papaverine		entolamine 3 mg/ml paverine 30 mg
Tri-Mix: Regular Strength Papaverine 18 mg Phentolamine 0.6 mg Alprostadil (PGE) 7.0 mce	Double Strengt 30 mg 1 mg g/ml 10 mcg/ml	th Triple S 30 mg 2 mg 30 mcg/ml	trength
Quad-Mix: Papaverine mg Phentolamine me Alprostadil (PGE) Atropine mg	_		
F	Jse as Directed by Physician Protect from light & keep froze		
Supplies:#10 pack of syringes	Alcohol Swabs	Sh	arps Container
Physician Signature		Refills: PF	RN
Prescriber:			
Clinic:Address:	City:	State:	Zip: