



Compounded Formulas for Low Libido Rx Template

Patient's Name: _____ DOB: _____

Patient's Address: _____ City: _____ State: _____, Zip: _____

Patient's Phone: _____ Drug Allergies: _____

Formulation Selection (choose one by checking the corresponding box)

☐

Aminophylline 3%-Arginine 6% Vaginal Cream

☐

Aminophylline 3%-Arginine 6%-Sildenafil (as citrate) 2% Vaginal Cream

☐

Arginine 6%-Papaverine HCl 0.1% Vaginal Cream

☐

Testosterone 0.2% Vaginal Gel

☐

Quantity Selection (choose a dispense quantity by checking the corresponding box)

☐

15gm

☐

30gm

☐

45gm

☐

gm

Directions for Use (Choose pre-worded directions below or manually enter directions for use)

☐

Apply a pea-sized amount to external genitalia/clitoris 20 min prior to intercourse

☐

Refills?

☐

Refill _____ time(s)

☐

No Refills

Prescriber's Name: _____ Prescriber DEA# (if needed) _____ Date: _____

Prescriber's Street Address: _____ City: _____ State: _____ Zip: _____

Prescriber's Phone Number: _____ Name of person submitting order: _____