

8505 SW Creekside Place Suite 110, Beaverton, OR 97008 www.northwestcompounders.com | info@northwestcompounders.com

P: 503-352-3811 | F: 503-624-0591

Compounded Formulas for Low Libido Rx Template

Patient's Name:		DOB:	
Patient's Address:			, Zip:
Patient's Phone:	Drug Allerg	Drug Allergies:	
Formulation Selection (c	hoose one by checking th	e corresponding b	oox)
Aminophylline 3%-	Arginine 6% Vaginal Cream		
Aminophylline 3%-	Arginine 6%-Sildenafil (as c	itrate) 2% Vaginal	Cream
Arginine 6%-Papav	erine HCl 0.1% Vaginal Cre	am	
Testosterone 0.2%	Vaginal Gel		
Quantity Selection (choo	ose a dispense quantity by	checking the cor	responding box)
15gm	30gm 45	gm	gm
Directions for Use (Choo	se pre-worded directions bel	ow or manually ento	er directions for us
Apply a pea-sized a course	amount to external genitali	a/clitoris 20 min p	orior to inter-
Refills?			
Refill time(s) No Refills		
escriber's Name:	Prescriber DEA# (if	needed)	Date:
escriber's Street Address:			
rescriber's Phone Number: Name of person submitting order:			

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com