



CENTRAL GEORGIA'S ONLY PCAB PHARMACY

635 PIO NONO AVE.
MACON, GA 31204
478.742.3098

900 GRAY HWY
MACON, GA 31211
478.741.3718

PLEASE FAX TO SCOTT'S PHARMACY @ 478-750-8575

Physician Name: _____ NPI #: _____ DEA #: _____

Physician Address: _____ Physician Phone #: _____

Patient Name: _____ DOB: _____

Daytime Phone #: _____ Nighttime or Cell #: _____

Erectile Dysfunction Injectables

<input type="checkbox"/> Prostaglandin (PGE ₁) _____ mcg/ml	<input type="checkbox"/> Tri-Mix 1 (Pap 15mg/ml + Phent 0.5mg/ml + PGE ₁ 5mcg/ml)	Quantity: <input type="checkbox"/> 5ml <input type="checkbox"/> 10ml
<input type="checkbox"/> Bi-Mix (Pap 30mg/ml + Phent 1 mg/ml)	<input type="checkbox"/> Tri-Mix 2 (Pap 30mg/ml + Phent 1mg/ml + PGE ₁ 10mcg/ml)	Refills: _____ 1 2 3 NR
<input type="checkbox"/> Quad Mix (Pap 30mg/ml + Phent 2mg/ml + PGE ₁ 20mcg/ml + Atropine 0.15mcg/ml)	<input type="checkbox"/> Tri-Mix 3 (Pap 30mg/ml + Phent 2mg/ml + PGE ₁ 20mcg/ml)	Sig: Inject _____ ml as directed by physician
<input type="checkbox"/> Tri-Mix MLCF (Pap 24.5mg/ml + Phent 0.82mg/ml + PGE ₁ 82mcg/ml)	<input type="checkbox"/> Tri-Mix 4 (Pap 40mg/ml + Phent 3mg/ml + PGE ₁ 40mcg/ml)	

Custom Formula (per ml): _____ mg Papaverine _____ mg Phentolamine _____ mcg Prostaglandin E1 (PGE₁) _____ mg Atropine

Men's Health

TESTOSTERONE TOPICAL GEL

50 mg/gm 75 mg/gm 100 mg/gm Quantity: 30gms 60gms 90gms Sig: Apply _____ gm daily for 30 days

SUBLINGUAL SILDENAFIL TABLETS

20mg s/l tabs (equ 50mg tab) Sig: place 1 -2 tabs SL PRN Sex Quantity: 10 tabs

TESTOSTERONE CYPIONATE (SESAME OIL) INJ

100 mg/ml 200 mg/ml 250 mg/ml Quantity: _____ 10ml Vial Sig: Inject _____ ml IM every week

Physician Signature: _____ Date: _____

THIS FORM CAN BE FAXED TO SCOTT'S HEALTH MART PHARMACY AT 478-750-8575



PCAB ACCREDITATION MEANS THAT SCOTT'S HEALTH MART PHARMACY:

- Has passed an extensive onsite inspection.
- Maintains a continuous quality improvement system.
- Employs a highly qualified staff.
- Prepares all sterile products in an ISO Class 5 hood and 7 clean room as required by USP 797.