

# Trimix for Injection

## Order Form

Physicians fax prescriptions to:  
**888-363-7266**

For product questions call:  
**888-368-1990**

Patient Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

Place **Rx** Here

(Example Prescription)

### Trimix for Injection

10mcg PGE1 30mg papverine 1mg phentolamine

# \_\_\_ of 1 ml vial(s)

sig: as directed, use 5 to 10 minutes before sexual activity. Not to exceed one use per 24 hour period. Max 3x /wk

No substitutions

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## Trimix for Injection

|               |       | Prostaglandin, Papaverine, Phentolamine | Quantity | # Refills | Price |
|---------------|-------|---|----------|-----------|-------|
| Trimix Liquid | T-50  | 2.9mcg-8mg-0.29mg                       | 5ml      |           |       |
| Trimix Liquid | T-101 | 5.9mcg-17.65mg-0.59mg                   | 5ml      |           |       |
| Trimix Liquid | T-105 | 10mcg-30mg-1mg                          | 5ml      |           |       |
| Trimix Liquid | T-106 | 25mcg-30mg-1mg                          | 5ml      |           |       |
| Trimix Liquid | ST-1  | 50mcg-30mg-1.5mg                        | 5ml      |           |       |
| Bimix Liquid  | BM1   | 17.5mg-0.59mg                           | 5ml      |           |       |
| Bimix Liquid  | BM2   | 30mg-1mg                                | 5ml      |           |       |
| CUSTOM DOSAGE |       |   |          |           |       |

### Attention Physicians:

- The patient cannot fax this prescription. The pharmacy must receive this fax from your office. The pharmacy will mail the medication directly to the patient.
- The pharmacy will call the patient for payment and shipping information usually within an hour.