MEN'S SEXUAL WELLNESS: SILDENAFIL

Prescriber:		Patient:	DOB:
Address:		Phone:	Sex:
City:	State:	Zip:	Address:
Phone:	Fax:	City:	State: Zip:
DEA:	NPI:	Email:	

Allergies:

SILDENAFIL (MC) | MEN'S SEXUAL WELLNESS: CAPSULES

STRENGTH	QUANTITY	TAKE 1 CAPSULE BY MOUTH DAILY PRN	REFILLS
☐ SILDENAFIL 36 MG MC CAPSULE	☐ 30 CAPSULES	☐ 30-60 MINUTES BEFORE SEXUAL ACTIVITY	0 ○ 1 ○ 2 ○
	☐ 60 CAPSULES		3 ○ 4 ○ 5 ○
☐ SILDENAFIL 75 MG MC CAPSULE	☐ 90 CAPSULES		6 ○ 7 ○ 8 ○
	OTHER: ______	OTHER: ______	9 ○ 10 ○ 11 ○

SILDENAFIL | MEN'S SEXUAL WELLNESS: TROCHES

STRENGTH	QUANTITY	DISSOLVE 1 TROCHE IN CHEEK AREA OF MOUTH DAILY PRN	REFILLS
☐ SILDENAFIL 50 MG TROCHE	☐ 30 TROCHES	☐ 30-60 MINUTES BEFORE SEXUAL ACTIVITY	0 ○ 1 ○ 2 ○
	☐ 60 TROCHES		3 ○ 4 ○ 5 ○
☐ SILDENAFIL 100 MG TROCHE	☐ 90 TROCHES		6 ○ 7 ○ 8 ○
	OTHER: ______	OTHER: ______	9 ○ 10 ○ 11 ○

Comments:

PRESCRIBER:

Signature: ______________________ Date: ____ ____ ____