

# MEN'S SEXUAL WELLNESS: TADALAFIL

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

## TADALAFIL (MC) | MEN'S SEXUAL WELLNESS: CAPSULES

STRENGTH	QUANTITY	TAKE 1 CAPSULE BY MOUTH DAILY PRN
<input type="checkbox"/> TADALAFIL 7 MG MC CAPSULE	<input type="checkbox"/> 30 CAPSULES	<input type="checkbox"/> 30-60 MINUTES BEFORE SEXUAL ACTIVITY
<input type="checkbox"/> TADALAFIL 12 MG MC CAPSULE	<input type="checkbox"/> 60 CAPSULES	
<input type="checkbox"/> TADALAFIL 17 MG MC CAPSULE	<input type="checkbox"/> 90 CAPSULES	
<input type="checkbox"/> TADALAFIL 25 MG MC CAPSULE	OTHER: _____	OTHER: _____
<input type="checkbox"/> OXYTOCIN/TADALAFIL 25IU/7MG MC CAPSULE		
<input type="checkbox"/> OXYTOCIN/TADALAFIL 50IU/12MG MC CAPSULE		

## REFILLS

REFILLS	
0 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	9 <input type="checkbox"/>
10 <input type="checkbox"/>	11 <input type="checkbox"/>

## TADALAFIL | MEN'S SEXUAL WELLNESS: TROCHES

STRENGTH	QUANTITY	DISSOLVE 1 TROCHE IN CHEEK AREA OF MOUTH DAILY PRN
<input type="checkbox"/> TADALAFIL 10 MG TROCHE	<input type="checkbox"/> 30 TROCHES	<input type="checkbox"/> 30-60 MINUTES BEFORE SEXUAL ACTIVITY
	<input type="checkbox"/> 90 TROCHES	
<input type="checkbox"/> TADALAFIL 20 MG TROCHE	OTHER: _____	OTHER: _____

Comments: \_\_\_\_\_

**PRESCRIBER:**

Signature: \_\_\_\_\_

Date: