

Erectile Dysfunction

437 Fernando Court • Glendale, CA 91204 • MAIN: 818.309.2884 • FAX: 818.309.1704 • www.deltadrugs.com

PATIENT INFORMATION			
Patient Name: Patient SSN#:			
Address:			
Phone #:	Address, City, State, Zip Code 2nd Phone #: Date of Birth:		
	Height (in.): Allergies:		
Primary Insurance: Secondary Insurance:			
•	·		
ID#: Phone #: ID#: Phone #: Phone #:			
			0.574
MEDICATION	COMPOSITION/STRENGTH	DIRECTIONS	QTY REFILLS
TRIMIX PAPAVERINE HCL / PHENTOLAMINE MESYLATE / ALPROSTADIL URETHRAL GEL	Trimix Papverine HCL 30 mg Phentolamine Mesylate 2 mg Alprostadil 400 mcg/mL		□ 5 mL (5x1 mL doses)
☐ MUSE® URETHRAL SUPPOSITORY	☐ 125 mcg ☐ 250 mcg ☐ 500 mcg ☐ 1000 mcg		
CIALIS® TABLETS	□ 2.5 mg □ 5 mg □ 10 mg □ 20 mg		
□ VIAGRA® TABLETS	□ 25 mg □ 50 mg □ 100 mg		
☐ LEVITRA® TABLETS	☐ 125 mcg ☐ 250 mcg ☐ 500 mcg ☐ 1000 mcg		
Training Provided By: 🗖 Physician's Office 🗖 Delta Drugs Ship to: 🗖 Physician's Office 📮 Patient's Home			
PHYSICIAN INFORMATION			
Physician Name:	Contact: _	NPI:	#:
Address: Address, City, State, Zip Code			
Phone #:		ss, City, State, Zip Code Email:	
Physician's Signature: Date: Date: Dispense As Written I AUTHORIZE DELTA DRUGS AND ITS REPRESENTATIVES TO ACT AS AN AGENT TO INITIATE AND EXECUTE THE INSURANCE PRIOR AUTHORIZATION PROCESS. I ALSO UNDERSTAND THAT THE FDA DOES NOT REVIEW ANY COMPOUNDED MEDICATION FOR SAFETY OR EFFICACY.			