For Fax Transmittal to Patient's Choice of Pharmacy or Healthway Compounding Pharmacy 989-791-4603

Healthway Compounding Pharmacy 2544 McLeod Dr. N. Ste. 2 Saginaw, MI. 48604

Phone: 989-791-1691 • Fax: 989-791-4603

DateDOB_				
Patient:				
Address City/St./Zip				
Home Phone:		Alt. Phone:		
Allergies:				
All compounds for clinical use Medication will be dispensed			•	
	<u>A</u> !	MORAY cream		
□ Multi-Pack— thre	e 2.5gm each			
#1 Green: Arginine HC 6/4/0.05/	· · •	oid/Pentoxyifylline/Silo	denafil/Theophylline	2
#2 Blue: Arginine HCl/ 6%/0.05%	Ergoloid/Oxytocir %/20units/2%/3%	n/Sildenafil/Theophylli	ine	
#3 Red: Arginine HCl/N	Niacin/Oxytocin/P	Papaverine 6%/2%/20ເ	units/5%	
Sig: Apply 1-3 pumps (Quantity7.5g	0.15-0.45ml) to c	litoris 15-30 minutes p	prior to intercourse	
Follow up Prescription	: I authorize prese	cription of patient cho	ice:	
□ Yes	□ No			
Quantity Ref	ills:			
For Fax Transmittal Only to P: 989-791-1691 F:98		armacy or to Healthway Co AcLeod Dr. N. • Saginaw,		HEALTHWAY COMPOUNDING PHARMACY 2 2 5
				years
Prescriber Signature				ACCREDITE
Phone number:				Compounding Pharmacy

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