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:				
4 1 1				
Home Phone:		Alt. Phone:		
Allergies:				
All compounds for clinical use Medication will be dispensed			-	
	<u>A</u>	MORAY cream		
□ Multi-Pack— three	2.5gm each			
#1 Green: Arginine HCl 6/4/0.05/		oid/Pentoxyifylline/	'Sildenafil/Theop	hylline
#2 Blue: Arginine HCl/E 6%/0.05%	Ergoloid/Oxytoci /20units/2%/3%		nylline	
#3 Red: Arginine HCI/N	iacin/Oxytocin/I	Papaverine 6%/2%/	20units/5%	
Sig: Apply 1-3 pumps ((Quantity7.5g).15-0.45ml) to c	clitoris 15-30 minut	es prior to interc	ourse
Follow up Prescription:	I authorize pres	cription of patient	choice:	
□ Yes	🗆 No			
Quantity Refi	lls:			
For Fax Transmittal Only to F P: 989-791-1691 F:989		-		rmacy
Prescriber Name:				¥0 Years
Prescriber Signature				
Phone number:				Compounding Pharmac

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