

COMPOUNDED PRESCRIPTION

Date

PATIENT INFO

Patient Name		DOB
Patient Street Address		
City	State	Zip
Cell Phone	Email	
Drug Allergies		

RX INFO

Please Dispense: SILDENAFILMS® OTF (oral transmucosal film)	
22 mg	44 mg _____ mg
Qty:	10 30 60 90 other _____
Sig:	Apply one film strip to inner cheek daily and allow to dissolve Apply one film strip to inner cheek 30 minutes before sexual activity and allow to dissolve
Refills:	1 2 3 4 5 12 other _____

PRESCRIBER INFO

Prescriber Name		
Prescriber Address		
City	State	Zip
Prescriber Phone		NPI
Prescriber Signature _____		Date/Time