

COMPOUNDED PRESCRIPTION

Date

PATIENT INFO

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

RX INFO

Please Dispense: TADALAFILMS® OTF (oral transmucosal film)							
4.5 mg	8.5 mg	12.5 mg	_____ mg				
Qty:	10	20	30	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	

This form has been provided by Premier Drugstore Fax 770-675-7296

Tadalafilms are contraindicated in patients on nitrates or anyone allergic to tadalafil.