CLARK
PROFESSIONAL PHARMACY
Intergrative Pharmacy Since 1980

Prescription Order Form

Please Fax to: (734) 585-5184 or Call in to: (734) 369-8782

3280 Washtenaw Ave. Suite B, Ann Arbor, MI 48104

PCAB ACCREDITED Compounding Pharmacy

Patient Information:

PLEASE FAX: Patient Demographic Sheet & Prescription Insurance Card if available.

FIRST NAME:	LAST NAME:	DATE OF BIRTH:
PRIMARY PHONE #:	SECONDARY PHONE #:	DRIVER'S LICENSE (if CII, CIII or CIV):
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:

Rx Medication Order:

Pharmacist Please Compound:

Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.

Arousal Cream

☐ **Theophylline-L , Arginine, Sildenafil 30mg-60mg-10mg per gm Cream**

Dispense: _____ 15gm _____30gm

Refills:_____

SIG Apply a pea-sized amount to clitoral area 20-30 minutes prior to intercourse.

(OPTIONAL) ADDITIONAL INSTRUCTIONS OR COMPOUNDS:

Prescriber Information:

PRESCRIBER'S SIGNATURE:

PRESCRIBERS NAME (PRINT):

Contact Information: