

Patient Name: _____ Date _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____ D.O.B: _____

Allergies: _____

1. TADALAFIL (Cialis)

Intake: Troche Capsules

Dosage: 3mg 6mg 9mg 18mg

Quantity: 10 30 ____ **Refills:** 11 ____

Directions: Take one gummy or capsule daily as directed

or _____

2. SILDENAFIL (Viagra)

Intake: Troche Capsules

Dosage: 110mg 20mg

Quantity: 10 15 ____ **Refills:** 11 ____

Directions: Take as directed 30 mins before activity

or _____

Physician Name: _____

Physician Phone Number: _____ Email: _____

Physician Signature: _____