R CompoundStore		Fax Prescription:(844)875-0009Ship to:Patient Address			Tel: (844) 793-3879
Patient Name:				Date	
Address:				City:	
State:		Zip:		Phone:	
Email:				D.O.B:	
Allergies:					
1. TADALAFIL (C Intake:	Cialis)	Capsule	95		
Dosage:	3mg	6mg	9mg	18mg	
Quantity:	10	30		Refills:] 11
Directions: or	Take on	e gummy or c	apsule daily a	as directed	
2. SILDENAFIL ((Viagra)				
Intake:	Troche	Capsule	es		
Dosage:	110mg	20mg			
Quantity:	10	15		Refills:	11
Directions: or	Take as	directed 30 n	nins before a	ctivity	
Physician Name:					
Physician Phone Numb			Email:		
Physician Signature:					