



MYCELIUM PHARMACY

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Patient Name: _____ Phone #: _____ DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Allergies: _____

Prescriber Name: _____ NPI: _____ DEA: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____ Date: _____

Sildenafil
 Troche Capsules SubMagna*
 20mg 40mg 60mg Other _____mg (up to 125mg)
 Qty: _____ (minimum of 30) Refills: _____
 Optional add in: Oxytocin 40IU (Troche & SubMagna only)
 SIG: Place 1 lozenge between cheek and gums prior to activity
 SIG: Take 1 capsule by mouth prior to activity
 Alternate SIG: _____

Tadalafil
 Troche Capsules SubMagna*
 7.5mg 17.5mg Other _____mg (up to 25mg per dose)
 Qty: _____ (minimum of 30) Refills: _____
 Optional add in: Oxytocin 40IU (Troche only & SubMagna only)
 SIG: Place 1 lozenge between cheek and gums prior to activity
 SIG: Take 1 capsule by mouth prior to activity
 Alternate SIG: _____

Sildenafil 5% Cream Gel Flavored Water SubMagna*
 Qty: 30g 30ml Other Qty: _____ Refills: _____
 SIG: _____

Vardenafil
 Troche Capsules SubMagna*
 40mg 50mg 75mg 80mg
 Qty: _____ (minimum of 30) Refills: _____
 Optional add in: Oxytocin 40IU (troche only)
 SIG: Place 1 lozenge between cheek and gums prior to activity
 SIG: Take 1 capsule by mouth prior to activity
 Alternate SIG: _____

Scream Cream 1(Oxytocin 50IU, Sildenafil 50mg, Menthol 0.1%)
 Scream Cream 2(Oxytocin 50IU, Sildenafil 50mg, Menthol 0.1%
 Testosterone 10%)
 Qty: 30g Refills: _____ SIG: _____

LDN Capsules (Low Dose Naltrexone) 1.5mg 3mg 4.5mg
 Qty: _____ (minimum of 30) Refills: _____
 SIG: _____

Sildenafil Tablets 100mg 50mg 25mg 20mg
 Tadalafil Tablets 20mg 10mg 5mg 2.5mg
 Qty: _____ Refills: _____ SIG: _____

Oxytocin 40IU or Other Qty: _____ (Troche or Submagna)
 Refills: _____
 SIG: _____

Sildenafil Citrate Oral Suspension 10mg/112ml
 Qty: _____ Refills: _____ SIG: _____

Prescriber's Signature: _____
 Date: _____

*SubMagna is our trademarked sublingual delivery medium allowing for the ingredients to be introduced to the bloodstream almost immediately without injection.

**A note to patients from the physician. **

This is a custom compounded prescription and may be filled at any pharmacy of the patient's choosing - Neither the prescriber nor the practice profit from this transaction in any way.