

Patient Info

Ship to: Patient Address Physician Office

***TriMix must be kept cool and will be shipped in a cooler with an icepack to arrive next business day**

Name: _____ Date: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____ D.O.B. _____

Choose Formula

Formula Name	Papaverine mg/ml	Phent. mg/ml	PGE mcg/ml	Atropine mg/ml
T105	30	1	10	0
T106	30	1	25	0
ST2	30	3	100	0
QM3	30	3	150	0.2
Phenylephrine 1mg/ml 5ML (reversal)				

Dispense Quantity is 5ml's

Sig: _____

Physician Info

Print Physician Name: _____ Date: _____

Physician License: _____ Phone: _____

Physician Address: _____ City: _____ ST: _____ Zip: _____

Physician Signature: _____ Refills: _____

Choose Package

Kit 1 Includes

- Formula selected above
- Syringes (QS 30g 1/2" x 1CC)
- Next Business Day Shipping (cooler + ice pack)

Kit 2 Includes

- Formula selected above
- **"Rescue Kit"** (5ml of phenylephrine in the event of priapism)
- Syringes (QS 30g 1.2" x 1CC)
- Next Business Day Shipping (cooler + ice pack)

**Olympia strongly recommends a rescue kit, especially for those patients who are new to injection therapy or who have recently changed their formula.*