

Female Sexual Health



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Please Send Patient Demographics
Along With New Prescription Orders,
Including List of Patient Allergies &
Insurance Information/Social Security
#

Patient Name: _____ Date of Birth: _____
Address: _____ Patient Phone: _____

Person Faxing Request: _____
Prescriber Name: _____ Prescriber Phone: _____
Prescriber DEA: _____ NPI: _____ Prescriber Fax: _____

Female Enhancement

Dream Cream V (Female sexual enhancement, ~4 doses/mL, dispensed in topical syringes)

- Contains Sildenafil 3%, Theophylline 3%, Pentoxifylline 3%, L-arginine 6%, in Emollient Cream

Directions: Apply pea-sized amount (0.25 mL) to clitoris 15-30 minutes prior to sexual activity

Quantity: _____ Refills: _____

Oxytocin 20iu/0.25mL Sublingual SUSPENSION

(Female sexual enhancement, dispensed in increments of 5mL to provide 10-20 doses per 5mL)

Quantity: _____ Refills: _____

Directions: Place 0.25 to 0.5ml under the tongue or in pocket of cheek and hold for 60 seconds. Use 15-30 minutes prior to sexual activity

Prescriber Signature: _____ **Date:** _____