



3404 S Yale Ave
 Tulsa, OK 74135
 Phone: 918-743-6623
 Fax: 918-743-6654

Dear prescriber,

Your patient is requesting a prescription that they would like to have filled at T. Roy Barnes Drugry. Below is a prescription that can be filled out and faxed to us. You can also send the prescription(s) to us electronically if you would like.

Thank you.

Prescriber:		
Name:		
Address:		
Phone:		
Signature: _____		
Patient:		
Name:		DOB:
Medication(s):		
<input type="radio"/> Sildenafil 20mg <input type="radio"/> Sildenafil 40mg Qty: <input type="radio"/> Sildenafil 60mg Qty: <input type="radio"/> Sildenafil 80mg Qty: <input type="radio"/> Sildenafil 100mg Qty: -----	<input type="radio"/> Finasteride 5mg Qty: Directions: <input type="radio"/> Take 1 tablet po daily Refills: _____ -----	<input type="radio"/> Sertraline 25mg Qty: Directions: <input type="radio"/> Take 1 tablet po daily Refills: _____
<input type="radio"/> Sildenafil 25mg Qty: <input type="radio"/> Sildenafil 50mg Qty: <input type="radio"/> Sildenafil 100mg Qty: -----	<input type="radio"/> Minoxidil 5% Qty: 60mL Directions: <input type="radio"/> Use as directed on package Refills: _____	
<input type="radio"/> Tadalafil 2.5mg Qty: <input type="radio"/> Tadalafil 5mg Qty: -----		
<input type="radio"/> Tadalafil 10mg Qty: <input type="radio"/> Tadalafil 20mg Qty:		
Directions:		
<input type="radio"/> Use as directed for ED <input type="radio"/> Take 1 tablet po daily		
Refills: _____		