Urological Injections UPDATED 09/11/2026

FOR_____DOB_____DATE_____

ADDRESS_____PHONE_____

CHECK THE STRENGTH NEEDED:

☐ **Alprostadil**

- 250 mcg/10 mls
- 500 mcg/10 mls

☐ **Bimix**

- 3mg/0.1mg/ml (papaverine/phentolamine)
- 3mg/0.5mg/ml (papaverine/phentolamine)

☐ **Trimix**

- 250mcg/3mg/0.5mg/ml (alprostadil/papaverine/phentolamine)
- 500mcg/3mg/0.5mg/ml (alprostadil/papaverine/phentolamine)
- Custom strength (alprostadil/papaverine/phentolamine) _____

☐ **Quadmix**

- 250mcg/3mg/0.5mg/0.18mg/ml (alprostadil/papaverine/phentolamine/atropine)
- 500mcg/3mg/0.5mg/0.18mg/ml (alprostadil/papaverine/phentolamine/atropine)
- Custom strength (alprostradil/papaverine/phentolamine/atropine) _____

REFILLS : _____

QUANITY:

5 - 2ml vials (10 ml total)

SIG:

INJECT 0.4-0.6ML TO THE CORPUS CAVERNOSA AS NEEDED

_____ MD Signature

Md Name: _____ Phone:_____

Address: _____ Fax:_____

City, State Zip: _____ NPI:_____

Fax to Franklins pharmacy at 940-322-7062