



TriMix Experts

Prescription Fax Order: 866-249-9083

**Prescription form MUST be faxed from physician's office to be valid*

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

TriMix Standard (Papaverine 30mg / Phentolamine 1mg / Alprostadil 10 mcg/ml)

TriMix Plus (Papaverine 30mg / Phentolamine 1mg / Alprostadil 25 mcg/ml)

TriMix Super (Papaverine 30mg / Phentolamine 3mg / Alprostadil 100 mcg/ml)

Quad Mix (Papaverine 30mg / Phentolamine 3mg / Alprostadil 150mcg / Atropine 0.2 mg/ml)

****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

Package 1 Includes

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

Package 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.*