



Patient Name: _____

Patient Address: _____

Patient Phone # (*REQUIRED): _____ DOB: _____

MEDICATIONS:

Tadalafil

(generic Cialis)

- 10mg: 30 tablets - \$90
- 20mg: 30 tablets - \$100

Sildenafil

(generic Viagra)

- 20mg: 90 tablets - \$95
- 50mg: 30 tablets - \$95
- 100mg: 30 tablets - \$100

- Tamsulosin 0.4mg (generic Flomax) 100 capsules - \$45
- Dutasteride 0.5mg (generic Avodart) 90 capsules - \$60
- Silososin 8mg (generic Rapaflo) 90 tablets - \$150
- Finasteride: 1mg 5mg -- 90 tablets - \$40

Disclaimer: The prescription drugs listed do not encompass the entire formulary of offered drugs at our pharmacy. To view full inventory, visit www.medisuite.com/physicians

DIRECTIONS *REQUIRED

- one tablet daily as needed
- 1-5 tablets daily as needed
- one tablet daily
- other: _____

REFILLS *REQUIRED

- none 1 refill
- 3 refills other: _____

NOTES: _____

Physician Name: _____

Physician Address: _____

Physician Phone #: _____

Physician Signature: _____ Date: _____

Price for medication includes standard shipping.

Fax Completed Form to MediSuite Pharmacy at 919-200-6951.

Fax will only be accepted when faxed from provider's office.

Accepting E-Prescriptions from all EMR Systems (recommended)

www.medisuite.com

Overnight shipping available.

No insurance needed.