



U Save It Pharmacy - Peach Valley
2310 Chesnee Hwy,
Spartanburg, SC 29303
P: 864-577-0087 F:864-577-0599

PEACH VALLEY

Patient's Name: _____ DOB: _____ Date: _____
Address: _____ Tele: _____
City: _____ State: _____ Zip: _____

Tadalafil 20mg/0.25ml Sublingual Susp [SubMagna]

Dose (mg): _____ mg Disp: _____ ml (QS is acceptable) Refills: _____
Sig: Place _____ mg sublingually and hold for 3-5 min before swallowing. Take 15-30 minutes prior to sexual activity (pharmacy will calculate ML/dose)

Sildenafil 20mg/0.25ml Sublingual Susp [SubMagna]

Dose (mg): _____ mg Disp: _____ ml (QS is acceptable) Refills: _____
Sig: Place _____ mg sublingually and hold for 3-5 min before swallowing. Take 15-30 minutes prior to sexual activity (pharmacy will calculate ML/dose)

Testosterone Topical [Atrevis] Unodose(4 clicks=1ml)

Dose: _____ mg/dose
Disp: 30ml 60ml 90ml
Sig: Apply _____ clicks QD **rub in well** (typically concentrate to disp 30ml at 2 clicks/dose for 60 days)

Clomiphene 25mg/ml Suspension [SubMagna] (typically 50mg every 3 days)

Disp: _____ Refills: _____
Sig: Place _____ ml sublingually every _____ days and hold for 3-5 minutes before swallowing.

Finasteride 0.1% / Minoxidil 7% Topical Susp [Atrevis]

Disp: _____ ml (typically 60ml for 30 days to account for loss) Refills: _____
Custom dose: Finasteride _____% / Minoxidil _____%
Sig: Apply 1ml to affected area of scalp every morning and massage in for 15 seconds

Doctor Name (Printed): _____ DEA: _____ Phone: _____

Dispense as Written

Substitution Permitted