

**J Kohll Rx Compounding**

**13110 W Dodge Rd (next to Noodles)  
TF 888-733-0300 T 402-408-0015 Fax 402-408-0020**

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Telephone# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estradiol Cream ___mg/gm	_____ mg _____ / Day
HCG 10,000 unit per vial (maybe compounded if on back order)	Use as directed (include syringes)
PGE1 20ug /cc Phentolamine 1mg/cc Papaverine 30mg/cc - 1ml <b>Test Dose \$50.00</b>	<b>Use as directed</b>
PGE1 20ug /cc Phentolamine 1mg/cc - 5x1ml	<b>Use as directed</b>
PGE1 20ug /cc Phentolamine 1mg/cc Papaverine 30mg/cc - 5x1ml	<b>Use as directed</b>
PGE1 20ug /cc Phentolamine 1mg/cc Papaverine 30mg/cc / Atropine 0.18mg/cc - 5x1ml vials	<b>Use as directed</b>
Testosterone Transdermal Cream Circle one 30gm 60gm 90gm	Apply _____ mg daily
Testosterone SubLingual Troche Circle one 30 60 90	<b>Dissolve 1 troche between cheek and gum once daily</b>
Testosterone Cypionate Inj 200mg/ml- 10ml	Inject I.M. _____ mg once weekly (include syringes)

Other: \_\_\_\_\_

M.D. Signature: \_\_\_\_\_

DEA: \_\_\_\_\_ Telephone# \_\_\_\_\_ • Price subject