

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 Test Dose \$50.00	Use as directed
PGE1 20ug /cc Phentolamine 1mg/cc - 5x1ml	Use as directed
PGE1 20ug /cc Phentolamine 1mg/cc Papaverine 30mg/cc - 5x1ml	Use as directed
PGE1 20ug /cc Phentolamine 1mg/cc Papaverine 30mg/cc / Atropine 0.18mg/cc - 5x1ml vials	Use as directed
Testosterone Transdermal Cream Circle one 30gm 60gm 90gm	Apply _____ mg daily
Testosterone SubLingual Troche Circle one 30 60 90	Dissolve 1 troche between cheek and gum once daily
Testosterone Cypionate Inj 200mg/ml- 10ml	Inject I.M. _____ mg once weekly (include syringes)

Other: _____

M.D. Signature: _____

DEA: _____ Telephone# _____ • Price subject