

Men's Health Referral Form
CarePartners Pharmacy

4Romeo

Phone: (866) 832-7171

Fax: (866) 832-7180



WeHelpMenRx

Fax Completed Order Form To:

Fax: (866) 832-7180

WRX _____

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Male Female

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Allergies: _____ Ht: _____ Wt: _____ (lb/kg)

Patient's Email: _____

PRESCRIBER INFORMATION

Prescriber Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

DEA#: _____ NPI#: _____

Contact Person: _____

<input type="checkbox"/> Sildenafil 100mg Generic Viagra™	Take half (1/2) or one (1) tablet by mouth 30 minutes to 1 hour before sexual activity as needed.	<input type="checkbox"/> 12 Tablets - \$49 <input type="checkbox"/> 25 Tablets - \$99	PRN Refills
<input type="checkbox"/> Sildenafil 20mg Active ingredient in Viagra™	Take up to five (5) tablets by mouth 30 minutes to 1 hour before sexual activity as needed.	<input type="checkbox"/> 30 Tablets - \$49 <input type="checkbox"/> 60 Tablets - \$99	PRN Refills
<input type="checkbox"/> Tadalafil 5mg Generic Cialis™	Take half (1/2) or one (1) tablet by mouth once daily.	<input type="checkbox"/> 30 Tablets - \$49 <input type="checkbox"/> 60 Tablets - \$99	PRN Refills
<input type="checkbox"/> Tadalafil 20mg Generic Cialis™	Take half (1/2) or one (1) tablet by mouth 30 minutes to 1 hour before sexual activity as needed.	<input type="checkbox"/> 12 Tablets - \$49 <input type="checkbox"/> 25 Tablets - \$99	PRN Refills
<input type="checkbox"/> Sertraline 25mg For Premature Ejaculation (PE)	Take one (1) tablet by mouth 1 to 2 hours before sexual activity as needed.	30 Tablets	PRN Refills

Prescriber Signature: _____

Date: _____

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