



Waveland Pharmacy
112 Auderer Boulevard
Waveland, MS, 39576
228-463-1055



Physician Sildenafil Rx Form

Patient _____ **D.O.B.** _____ **Phone:** _____

Sildenafil 20MG

Please []

[] #25

[] #50

[] #75

[] #100

(5 dose travel pack)

(10 dose pack)

(15 dose pack)

(20 dose pack)

Take 2 – 5 tablets as needed

1 hour before sexual activity

Refills: (Circle) 1 2 3 4 5 PRN

Prescriber signature: _____ Date: _____

NPI: _____ Phone: _____

DEA: _____ Address: _____

Please fax back to: 228-463-0117

We accept **fax, e-prescribe, or phoned in** prescriptions for **your convenience.**

We are **licensed to deliver in Mississippi.**

Free delivery to patient's **home or office** by USPS within **3 business days.**