



Waveland Pharmacy
112 Auderer Boulevard
Waveland, MS, 39576
Phone: 228-463-1055
Fax: 228-463-0117



Physician Tadalafil Rx Form

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

Tadalafil 20mg

Please []

[] #5

[] #10

Take 1 Tablet Every 3 Days as needed for E.D.

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, electronic, or phoned in prescriptions for your convenience.

We are licensed to deliver in Mississippi.

Free delivery to your home or office by USPS within 3 business days.