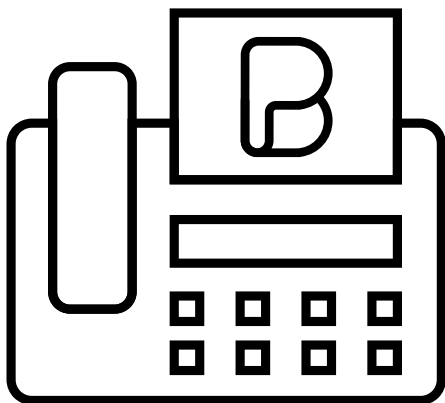




Your modern compounding pharmacy.™

FAX COVER SHEET



Please fax your order to:

401-284-4506

3844 Post Road, Warwick RI 02886

Phone: 401 - 284 - 4505

www.bayviewrx.com



Your modern compounding pharmacy.™

This standardized order form helps ensure accurate, safe, and efficient prescribing of customized compounded medications. Please review the brief instructions below before completing or submitting any form.

For Prescribers

1. Select the Formulation

Fill in the bubble next to the intended compounded product.

2. Choose Directions/SIG

Select one of the provided SIG options or write custom instructions.

3. Complete Patient Information

Include full name, DOB, address, phone number, and other information.

4. Fill in Prescriber Information

Include your NPI, DEA (if required), phone, fax, and address.

5. Sign and Date

Unsigned forms cannot be processed.

6. Fax Completed Forms

Send to (401) 284-4506 or (401) 210-2757.

For Patients & Caregivers

- **Give this form directly to your healthcare provider.** They must complete and sign it before Bayview Pharmacy can prepare your medication.
- You may receive this form from a provider or facility; bring it to your next appointment if it has not yet been completed.
- Do **not** fill out the prescriber sections yourself. Your provider will enter your dosing instructions and clinical details.
- After we receive the prescription, we will reach out to the patient to go over the medication, allergies, shipping/pickup, and payment.

3844 Post Road, Warwick RI 02886
Phone: 401-284-4505
Fax: 401-284-4506
Alternate Fax: 401-210-2757
www.bayviewrx.com



Your modern compounding pharmacy.™

Prefer to skip the fax? Bayview Pharmacy accepts electronic prescriptions from all major EHR and e-prescribing platforms on the Surescripts network. Here's how to send your prescription electronically in three quick steps.

How to E-Prescribe

1. Search for our pharmacy

In your EHR or e-prescribing platform, search the pharmacy directory for “Bayview Pharmacy” — or search by ZIP code 02886 and look for us in Warwick, RI.

2. Verify you have the right location

Confirm the listing matches the details in the box below before selecting it.

3. Enter the prescription and send

Enter the compounded medication exactly as it appears on the order form — product, strength, quantity, directions, and refills — then transmit. No fax needed; we take it from there.

Pharmacy Name	Bayview Pharmacy
Address	3844 Post Road, Warwick, RI 02886
NCPDP ID	4106882
NPI	1750455143
Phone	(401) 284-4505
Fax	(401) 284-4506

THE FASTEST WAY — PRESCRIBE WITH BAYVIEW CODES

Every validated formulation has a short **Bayview code** (like **TM8**) — the same codes printed on the order form and the validated formulations sheet. Instead of typing out every ingredient, put the code first in your compound / free-text entry and we match it to the exact validated formulation instantly:

Bayview TM8 — Alprostadil 20 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml, 1 x 2.5 ml multi-dose vial

Include the quantity, directions/SIG, and refills as usual. If your EHR only accepts a plain formulation name, type it exactly as it appears in the Rx section of the order form.

Questions? Call (401) 284-4505 and one of our pharmacists will walk you through it.

3844 Post Road, Warwick RI 02886

Phone: 401-284-4505

Fax: 401-284-4506

Alternate Fax: 401-210-2757

www.bayviewrx.com

NEW PRESCRIPTION ORDER FORM – ED INJECTIONS

1 Patient Information

Last Name		First Name		MI
Address				Apt. #
City	State	ZIP	Phone Number	
Date of Birth (mm/dd/yyyy)	Sex ☐ M ☐ F	Email		

2 Prescriber Information

Prescriber's Name		
Phone Number	Fax Number	
Street Address		
City	State	ZIP
NPI	DEA	

3 Medication Selection

HIGHER CONCENTRATION
↓

ALPROSTADIL – Monotherapy		QUANTITY (Multi-Dose Vial)
☐ A1 Alprostadil 20 mcg/ml		QTY: _____ 2.5ml Vial(s)
BI-MIX – Papaverine + Phentolamine		QUANTITY (Multi-Dose Vial)
☐ BM2 Papaverine 30 mg/ml + Phentolamine 1 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ BM3 Papaverine 30 mg/ml + Phentolamine 2 mg/ml		QTY: _____ 2.5ml Vial(s)
TRI-MIX – Alprostadil + Papaverine + Phentolamine		QUANTITY (Multi-Dose Vial)
☐ TM2 Alprostadil 5 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ TM4 Alprostadil 10 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ TM8 Alprostadil 20 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ TM9 Alprostadil 20 mcg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ TM10 Alprostadil 30 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ TM11 Alprostadil 30 mcg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ TM13 Alprostadil 40 mcg/ml + Papaverine 30 mg/ml + Phentolamine 1 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ TM14 Alprostadil 40 mcg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml		QTY: _____ 2.5ml Vial(s)
QUAD-MIX – Alprostadil + Atropine + Papaverine + Phentolamine		QUANTITY (Multi-Dose Vial)
☐ QM4 Alprostadil 20 mcg/ml + Atropine 0.15 mg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ QM5 Alprostadil 30 mcg/ml + Atropine 0.15 mg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml		QTY: _____ 2.5ml Vial(s)
☐ QM6 Alprostadil 40 mcg/ml + Atropine 0.15 mg/ml + Papaverine 30 mg/ml + Phentolamine 2 mg/ml		QTY: _____ 2.5ml Vial(s)
CUSTOM – (see validated therapies)		QUANTITY (Multi-Dose Vial)
☐ _____		QTY: _____ 2.5ml Vial(s)

REFILLS (circle one)	SYRINGES (10 COUNT) – 30 GAUGE
1 2 3 4 5 6 7 8 9 10 PRN NR	☐ 0.5ml x 5/16" ☐ 1ml x 5/16" ☐ 0.5ml x 1/2" ☐ 1ml x 1/2"

DIRECTIONS/SIG + SIGNATURE	
☐ Inject _____ ml. If not desired result, dose may be increased in increments of _____ ml not to exceed _____ ml. (0.1–0.3 ml) (0.05 or 0.1 ml) (0.5–1 ml)	
☐ Use no more than _____ times per week, and never more than one dose in any 24 hours. (usually 3)	
☐ Other _____	
X _____ Prescriber's Signature	_____ Date

4 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

VALIDATED FORMULATIONS – ED INJECTIONS



Companion reference to the New Prescription Order Form • All formulations compounded as 2.5 mL multi-dose vials • Refrigerate

- 1 Find the validated formulation and note its **code**.
- 2 On the order form, check **CUSTOM** and write the code (e.g., "TM12") with quantity.
- 3 Complete refills, syringes, and SIG — then sign and fax.

★ = Pre-printed on the order form — check its box directly (no CUSTOM entry needed)

Concentrations per mL • - = not in formulation

ALPROSTADIL – Monotherapy				
Single-agent PGE ₁ — typical first-line therapy				
CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
★ A1	20	-	-	-
A2	40	-	-	-

BI-MIX – Papaverine + Phentolamine				
Alprostadil-free — option for PGE ₁ pain / sensitivity				
CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
BM1	-	-	30	0.5
★ BM2	-	-	30	1
★ BM3	-	-	30	2
BM4	-	-	30	3
BM5	-	-	30	4
BM6	-	-	30	6

TRI-MIX – Alprostadil + Papaverine + Phentolamine				
Standard escalation path				
CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
TM1	2.5	-	30	4
★ TM2	5	-	30	1
TM3	5	-	30	4
★ TM4	10	-	30	1
TM5	10	-	30	2
TM6	10	-	30	4
TM7	12.5	-	30	1
★ TM8	20	-	30	1
★ TM9	20	-	30	2
★ TM10	30	-	30	1
★ TM11	30	-	30	2
TM12	30	-	30	3
★ TM13	40	-	30	1
★ TM14	40	-	30	2
TM15	40	-	30	3
TM16	40	-	30	4
TM17	50	-	30	1.5
TM18	50	-	30	2
TM19	50	-	30	5
TM20	60	-	30	2
TM21	60	-	30	3
TM22	60	-	30	4
TM23	60	-	30	6
TM24	70	-	30	4
TM25	80	-	30	2
TM26	100	-	30	3
TM27	100	-	30	6

QUAD-MIX – Alprostadil + Atropine + Papaverine + Phentolamine				
Adds atropine for inadequate response to Tri-Mix				
CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
QM1	2.5	0.15	30	4
QM2	7.5	0.3	30	4
QM3	20	0.15	30	1
★ QM4	20	0.15	30	2
★ QM5	30	0.15	30	2
★ QM6	40	0.15	30	2
QM7	40	0.15	30	3
QM8	40	0.15	30	4
QM9	40	0.3	30	2
QM10	50	0.15	30	2
QM11	50	0.15	30	4
QM12	50	0.15	30	5
QM13	60	0.15	30	2
QM14	60	0.15	30	4
QM15	60	0.2	30	3
QM16	60	0.3	30	4
QM17	60	0.3	30	6
QM18	70	0.15	30	2
QM19	80	0.15	30	2
QM20	80	0.3	30	4
QM21	80	0.3	30	6
QM22	80	0.4	30	6
QM23	90	0.15	30	2
QM24	100	0.15	30	6
QM25	120	0.3	30	6
QM26	120	0.4	30	6

ATROPINE TRI-MIX – Atropine + Papaverine + Phentolamine				
Alprostadil-free with atropine				
CODE	ALPROSTADIL mcg/mL	ATROPINE mg/mL	PAPAVERINE mg/mL	PHENTOLAMINE mg/mL
ATM1	-	0.15	30	2
ATM2	-	0.3	30	4
ATM3	-	0.3	30	6

DOSING & TITRATION — GENERAL GUIDANCE

Start low: typical initial dose 0.1–0.3 mL; titrate in 0.05–0.1 mL increments to the lowest effective dose (not to exceed 0.5–1 mL per dose).

Frequency: use no more than ~3 times per week, and never more than one dose in any 24 hours.

Escalation: if response is inadequate near the maximum volume, step up to the next validated strength rather than exceeding 1 mL — within each family, alprostadil increases first, then phentolamine. Quad-Mix adds atropine for patients not responding to Tri-Mix.

Alprostadil-free options: Bi-Mix and Atropine Tri-Mix — consider for PGE₁-associated penile pain or sensitivity.

Not listed? Additional custom strengths may be available — call the pharmacy to confirm before prescribing.