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 www.AssureRxPharmacy.com

**Faxed prescriptions will only be accepted from a prescribing practitioner.
 Patients must bring an original prescription to the pharmacy.**

Patient Information

Date _____

Patient Name: _____ DOB: _____

Address: _____ Drug Allergies: _____

Quantity _____

Multiple strength combinations of Scream Cream are available:



Compounds:

- Aminophylline 30mg/mL
- Ergoloid Mesylate 0.5mg/mL
- L-Arginine 60mg/mL
- Pentoxifylline 50mg/mL
- Sildenafil Citrate 10mg/mL
- Testosterone 1mg/mL

Scream Cream:

- 1** All compounds
- 2** All compounds
No Testosterone
- 3** All compounds
No L-Arginine

Additional Prescription Information

Additional Refills: _____

Comments: _____

Prescriber Signature: _____ **Prescriber Name:** _____

Phone: _____ **Fax#:** _____ **NPI#** _____

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FREE DELIVERY