

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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Testosterone Cypionate Order Form

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ ICD-10 Diagnosis: _____

Rx: Testosterone Cypionate Intramuscular (IM) Injection

Dose:

75 mg 100 mg 200 mg Other _____ mg

Frequency:

Weekly Every 2 weeks Every 3 weeks Other _____

Duration:

1 month 3 months 6 months* Other _____

*Note: Controlled substances(CIII-V) may only be refilled a *max of 5 times within 6 months*

Lab Orders/Comments: _____

Prescriber Printed Name: _____ DEA #: _____

Prescriber Full Address: _____

Office Phone Number: _____ Office Fax Number: _____

Prescriber Signature: _____ Date: _____