

Prescription Order Form

<b>Patient Information:</b>		<b>PLEASE FAX with Patient Demographic Sheet &amp; Rx Insurance Card</b>	
<b>REQUIRED</b>	<b>FIRST NAME:</b>	<b>LAST NAME:</b>	<b>Additional Info</b>
	<b>PRIMARY PH #:</b>	<b>SECOND PH #:</b>	
	<b>DATE OF BIRTH:</b>		
	<b>ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA</b>		
		<b>ADDRESS:</b>	
		<b>CITY, STATE, ZIP:</b>	
		<b>EMAIL ADDRESS:</b>	
		<b>DRIVER'S LICENSE OR STATE ID #</b>	

**Rx Medication Order:** Pharmacist Please Compound: *Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.*

**TRANSDERMAL CREAMS:**

**BI-EST Cream** Check one **Dose:**  0.75mg/gm  1.25mg/gm  2.5mg/gm  5mg/gm  \_\_\_\_:\_\_\_\_ mg/gm  
 Select BI-EST Ratio of Estriol (E<sub>3</sub>) : Estradiol (E<sub>2</sub>)  (80:20)  (50:50)  (10:90) Note: If no selection, fill (80:20)

**Progesterone Cream** Check one **Dose:**  10mg/gm  20mg/gm  30mg/gm  50mg/gm  \_\_\_\_mg/gm

**Testosterone Cream** Check one **Dose:**  0.25mg/gm  0.5mg/gm  1mg/gm  2mg/gm  \_\_\_\_mg/gm

**Custom Blended Cream** Estriol \_\_\_\_ mg/gm, Estradiol \_\_\_\_ mg/gm, Progesterone \_\_\_\_ mg/gm, Testosterone \_\_\_\_ mg/gm

**SIG:** Apply 1gm to inner arm, thigh or lower abdomen QD (rotate sites) **QTY:**  30gm  60gm  90gm  
**NOTE:** Medications will be combined into a single cream unless otherwise requested. **Refills:** \_\_\_\_\_

**VAGINAL CREAMS:**

**Estriol (E<sub>3</sub>) Emollient Cream** Check one **Dose:**  0.5mg/gm  1mg/gm  2mg/gm  \_\_\_\_ mg/gm **QTY:** 30gm  
**SIG:** Insert 1gm vaginally QHS for 2 weeks, then 2 times weekly for 2 weeks, then PRN **Refills:** \_\_\_\_\_

**Estradiol (E<sub>2</sub>) Emollient Cream** Check one **Dose:**  0.5mg/gm  1mg/gm  2mg/gm  \_\_\_\_ mg/gm **QTY:** 30gm  
**SIG:** Insert 1/2 gm vaginally QHS for 7 days, then use 2 times weekly **Refills:** \_\_\_\_\_

**Testosterone Emollient Cream** Check one **Dose:**  0.25mg/gm  0.5mg/gm  1mg/gm  \_\_\_\_ mg/gm **QTY:** 30gm  
**SIG:** Insert 1gm vaginally QHS for 7-10 days, then 2 to 3 times a week **Refills:** \_\_\_\_\_

**ORAL CAPSULES:**

**Compounded Progesterone Capsules** **Dose:**  25mg  50mg  75mg  \_\_\_\_ mg  
**SIG:** Take 1 cap at bedtime to relieve insomnia **QTY:**  30 caps  60 caps  90 caps  180 caps **Refills:** \_\_\_\_\_

PRICES FOR ABOVE BHRT *except capsules:	30gm	60gm	90gm
1 Ingredient (single hormone, includes Testosterone)	\$50	\$74	\$110
2 Ingredients (2 hormones)	\$55	\$82	\$121
3 Ingredients (3 hormones)	\$60	\$89	\$132
4 Ingredients (4 hormones)	\$65	\$96	\$143

Amount is per capsule or 1gm of cream. Creams are dispensed in convenient pump bottles or tubes unless otherwise requested. All formulations are gluten, casein, dye, sulfate & paraben free. Capsules are vegetarian upon request. Vaginal creams are alcohol free. 1gm = 1mL = 1cc

(OPTIONAL) ADDITIONAL NOTES: \_\_\_\_\_

<b>Prescriber Information:</b>	<b>Contact Information:</b>
<b>PRESCRIBER'S SIGNATURE:</b>	<b>ADDRESS:</b>
<b>PRESCRIBER NAME (PRINT):</b>	<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____
<b>NPI# or DEA# (CTP# for CNPs only):</b> _____ <b>DATE:</b> _____	<b>PHONE #:</b> _____ <b>FAX #:</b> _____