Bio	Med
SPECIALT	<u>PHARMACY</u>

ACCREDITED

## Female BHRT Prescription Order

Compounding Pharmacy

AB

Prescription Order Form

PH: (855) 246-6338 Please Fax to:

(877) 791-7779

Free Delivery!

Pa	Patient Information: PLEASE FAX with Patient Dem	nographic Sheet & Rx Insurance Card	
►	FIRST NAME: LAST NAME:	ADDRESS:	
ED		CITY, STATE, ZIP:	
UIR	PRIMARY PH #: SECOND PH #:		
DQ	DATE OF BIRTH:	EMAIL ADDRESS:	
REQ		DRIVER'S LICENSE OR STATE ID #	
•			
Rx         Medication Order:         Pharmacist Please Compound:         Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.			
Т	TRANSDERMAL CREAMS:		
	BI-EST Cream Check one Dose: 0.75mg/gm 1	l.25mg/gm 🔲 2.5mg/gm 🔛 5mg/gm 🦳 mg/gm	
	Select BI-EST Ratio of Estriol ( $E_3$ ) : Estradiol ( $E_2$ ) (80:20) (	(50:50) (10:90) Note: If no selection, fill (80:20)	
	Progesterone Cream Check one Dose: 10mg/gm 2	20mg/gm 🔲 30mg/gm 🛄 50mg/gm 🥅mg/gm	
	□ Testosterone Cream Check one Dose: □ 0.25mg/gm □ 0	D.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)	<b>QTY:</b> 30gm 60gm 90gm	
	NOTE: Medications will be combined into a single cream unless otherwise requ		
VAGINAL CREAMS:			
<b>,</b>			
<sup>`</sup>	■ Estriol (E <sub>3</sub> ) Emollient Cream Check one Dose: □ 0.5mg/gm □ 1 SIG: Insert 1gm vaginally QHS for 2 weeks, then 2 times weekly for 2 week	Img/gmmg/gmmg/gm QTY: 30gm	
	Estradiol (E <sub>2</sub> ) Emollient Cream Check one Dose: 0.5mg/gm 1	Refilis:	
<b> </b> '	SIG: Insert <sup>1</sup> / <sub>2</sub> gm vaginally QHS for 7 days, then use 2 times weekly	Refills:	
l r	□ Testosterone Emollient Cream Check one Dose: □ 0.25mg/gm □ 0		
	SIG: Insert 1gm vaginally QHS for 7-10 days, then 2 to 3 times a week	Refills:	
□ Compounded Progesterone Capsules Dose: □ 25mg □ 50mg □ 75mg □ mg			
SIG: Take 1 cap at bedtime <i>to relieve insomnia</i> 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 Ingradients (2 hormones)     \$55     \$82     \$121	pump bottles or tubes unless otherwise requested. All formulations are gluten,	
	2 Ingredients (2 hormones)         \$55         \$82         \$121           3 Ingredients (3 hormones)         \$60         \$89         \$132	casein, dye, sulfate & paraben free. Capsules are vegetarian upon request. Vaginal creams are alcohol free. 1gm = 1mL = 1cc	
	4 Ingredients (4 hormones)         \$65         \$96         \$143		
(0	OPTIONAL) ADDITIONAL NOTES:		
Prescriber Information: Contact Information:			
PRESCRIBER'S SIGNATURE: ADDRESS:			
PR	PRESCRIBER NAME (PRINT):	CITY: STATE: ZIP:	
	NPI# or DEA# (CTP# for CNPs only): DATE: PI	HONE #: FAX #:	
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Attention Ohio Prescribers: This order form cannot be used to issue a prescription order for any Ohio resident. In lieu, you may call in a prescription by phone or submit your own form via fax.