Bio	Meď
SPECIALT	<u>PHARMACY</u> ®



HORMONE REPLACEMENT

Prescription Order Form (Page 1 of 2)

Free Delivery!

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

(877) 791-7779

BMsf\_HORMONE REPLACEMENT03 033022

Patient Information:	PLEASE FAX Patient Demog	raphic Sheet & Prescript	ion Insurance Card if available.		
FIRST NAME:	LAST NAME:	·	DATE OF BIRTH:		
PRIMARY PHONE #: CELL HOME	WORK SECONDARY PHONE #:		LAST 4 DIGITS OF SSN:		
ADDRESS:	CITY, STATE, ZIP:		ALLERGIES:		
Rx Medication Order: Ph	armacist Please Compound:	Prescriber: You may change any additional r	e the directions, or delete / substitute / add nedications for all formulations.		
	e of any gluten, casein, dyes, sulfates and par *	abens.	Directions:		
# 31 Formula Testoste		_			
Select Strength (per gram of base)		Quantity:			
□ 25mg (2.5%) □ 50mg (5% □ 100mg (10%) □ 125mg (12	-     30	gm GOgm (sixty grams)			
□ Other:	□ 90	gm 🗆 Other :			
Select Base:	(nin	ty grams)	Refills:		
TRANSDERMAL CREAMS:					
🔲 🖂 BI-EST Cream	Check one <b>Dose:</b> 0.75mg/gm	] 1.25mg/gm	5mg/gm  10mg/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 <b>Dose:</b> 10mg/gm	□ 20mg/gm □ 300 □ 150mg/gm □ 200	mg/gm 🔲 40mg/gm 🗔 50mg/gm 0mg/gm 🗌mg/gm		
Custom Blended Cream	Estriol mg/gm, Estra	diol mg/gm, Progesteror	ne mg/gm, Testosterone mg/gm		
SIG: Apply 1gm to upper/inner arr Apply 1gm to alternating brea Repeat every week.	n once daily asts daily for 6 days and on the 7th d	QTY: ay apply 1gm to face.	☐ 30gm ☐ 60gm ☐ 90gm		
			Refills:		
Compounded Progestero		· · ·	ogesterone Capsules		
Select Strength: 25mg 50mg Select Quantity: 30 troches		-	50mg 75mgmg		
SIG: Place 1 troche between cheek and g completely once daily. Do not chew	um until dissolves	Select Quantity: 30 cap SIG: Take 1 cap at bedtime to	os 🗌 90 caps 🗌 30 caps 📄 90 caps or relieve insomnia. <b>Refills:</b>		
		(OPTIONAL) ADDITIONA	L INSTRUCTIONS or COMPOUNDS:		
Nitroglycerin 0.5% +	Lidocaine 5%				
QTY (gm): 🗆 30gm 🗆 60	)gm 🗆 90gm				
SIG: Apply 0.5gm (pea size a anal fissure once to twic					
*Price Disclaimer: Prices my change without notice due to price fluctuations of raw materials.					
Additional Form	ulas are available. Please	contact the Pharmacis	t at (855) 246-6338.		
Prescriber Information:		Contact Informatio	n:		
PRESCRIBER'S SIGNATURE:		ADDRESS:			
PRESCRIBER NAME (PRINT):		CITY:	STATE: ZIP:		
NPI# or DEA# (CTP# for CNPs only):	DATE:	PHONE #:	FAX #:		

L The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. Nothing herein is intended to replace the independant judgement of a licensed professional. This form is proprietary of BioMed Specialty Pharmacy and is only intended for use between provider and patient. Any unauthorized use could result in legal action. This facinitie transmission is intended to be delivered to the named addressee and may contain information that is confidential, privileged, and proprietary or exemption as to the efficacy of any particular formulations. Nothing herein is intended to use could applicable law. If it is received by anyone other than the names addressee, the recipient should immediately notify the sender at the addresses audior telephone number set forth herein and obtains instructions as to the disposal of the transmitted material. In no event should such material be read or retained by anyone other than the names addressee. FDA does not review compounded medication for safety or efficacy. 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 ph call in a prescription by phone or submit your own form via fax.





HORMONE REPLACEMENT Prescription Order Form (Page 2 of 2) Free Delivery!

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(8	7	7)	7	9.	1-	7	7	7	9

Patient Information:	PLEASE FAX Patient Demogra	aphic Sheet & Prescription Insu	ırance Card if available.				
FIRST NAME:	LAST NAME: DATE OF BIRTH:						
PRIMARY PHONE #: CELL HOME	WORK SECONDARY PHONE #:	Icell Home Work LA	ST 4 DIGITS OF SSN:				
ADDRESS: CITY, STATE, ZIP: ALLERGIES:							
Rx Medication Order: Pharmacist Please Compound:							
* Wart Treatment	* Wart Treatment	* Hair Loss - Male	* Hair Loss - Female				
🔲 # 35 Formula	🔲 # 32 Formula	#Formula H5 for Men	#Formula H6 for Women				
Cantharidin 0.7% topical liquid Podophyllum 2%	Cantharidin 0.7% topical liquid	Minoxidil 10% (Rogaine) Azelaic acid 2%	Minoxidil 10% (Rogaine) Azelaic acid 2%				
Salicylic acid 30%	QTY: 2mL/\$39 (2-3 month supply)	Ketoconazole 2% Tea Tree oil 0.25%	Ketoconazole 2% Tea Tree oil 0.25%				
QTY: 2mL/\$49 (2-3 month supply)	5mL/\$79 (4-6 months supply)	Finasteride 0.25% (Propecia)	Finasteride 0.1% (Propecia) Progesterone 1%				
5mL/\$89 (4-6 months supply)		QTY: 100ml/\$89 200ml/\$149	QTY: 100ml/\$95 200ml/\$159				
<b>Refills:</b> <b>SIG:</b> To be applied by a <b>medical provider</b>	Refills: SIG: To be applied by a medical provider	Refills: SIG: Apply 20-30 drops daily into	Refills: SIG: Apply 20-30 drops daily into				
only. Bring to your physicians office for physician administration only.	only. Bring to your physicians office for physician administration only.	scalp area of hair loss (1-2 hours) before bedtime.	scalp area of hair loss (1-2 hours) before bedtime.				
* Wart Treatment	* Nail Fungus	* Skin Lightening	* Numbing Cream				
# Formula X5 (formerly known as 15-L)	(formerly known as CF-1)	🔲 # 21. Formula	🔲 # 29BLT. Formula				
Salicylic acid 60% + Cimetidine 5% +	Urea 40% + Salicylic acid 10% +	Tretinoin 0.05% Desonide 0.05%	Benzocaine 20% Lidocaine 6%				
Trichloracetic acid 1% + Ibuprofen 2%	Ibuprofen 2% + Ketoconazole 2% +	Hydroquinone: 3% 4%	Tetracaine 4%				
QTY (gm): 25/\$39	Tea Tree oil 0.5%	□6% □8% or	QTY: 30gm/\$35 60gm/\$55				
50/\$49 75/\$59	QTY: 10ml/\$39	<b>QTY</b> : □ 30gm/\$59 □ 60gm/\$89					
Refills: SIG: Apply 1-2 grams to affected area 1-2 times daily	Refills: SIG: Apply to affected nail(s) at bedtime, let air dry for 2 minutes.	Refills: SIG: Apply to affected areas (dark spots) 30 min. before bedtime	Refills: SIG: Apply 2-4gm as directed by physician				
* Pain	* Anti-wrinkle	* Anti-aging * Anti-wrinkle	(OPTIONAL) ADDITIONAL IN-				
# 5. Formula	🔲 # 77. Formula	🔲 # R7. Formula	STRUCTIONSor COMPOUNDS:				
Diclofenac sod 3%	Tretinoin 0.05% + Kojic acid 2%	Ascorbic acid 10% Azelaic acid 5%	🖂 Clicker (\$6 extra per clicker)				
Gabapentin 6% Lidocaine 2% + Prilocaine HCI 2%	Niacinamide 2% + Vitamin C 5% Vitamin E acetate 2%	Alpha Lipoic acid 1% Estriol 0.1%					
<b>QTY (gm)</b> : 🗌 240 🗌 120	QTY: 60gm/\$79 120gm/\$129	Progesterone 2% QTY: 60gm/\$65 120gm/\$99					
Refills:	Refills:	Refills:					
SIG: Apply 1-2gm topically to affected area TID-QID	SIG: Apply 0.5-1gm daily 1 hour before bedtime.	SIG: Wash face, dry and apply daily at bedtime					
*Price Disclaimer: Prices my change without notice due to price fluctuations of raw materials.							
Additional Formulas are available. Please contact the Pharmacist at (855) 246-6338.							

Prescriber Information:		Contact Informa	tion:	
PRESCRIBER'S SIGNATURE:		ADDRESS:		
PRESCRIBER NAME (PRINT):		CITY:	STATE:	ZIP:
NPI# or DEA# (CTP# for CNPs only):	DATE:	PHONE #:	FAX #:	
The information provided herein is for reference only and is not to be relied up the independant judgement of a licensed professional. This form is proprietar result in legal action. This facsimile transmission is intended to be delivered to the applicable law. If it is received by anyone other than the names addressee, the re applicable factor the interminited medication of the safety outdifferent material PDA dred supposed in the manimulation and the safety outdifferent material to the provide the safety outding the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent material to the safety outdifferent to the safety outdifferent material to the safety outdifferent material to the safety outdifferent to the safety outdifferent material to the safety outdifferent to the safety out	on as making any representation as t of BioMed Specialty Pharmacy and i named addressee and may contain info cipient should immediately notify the se e read or retained by anyone other tha	to the efficacy of any particular formulations. Not s only intended for use between provider and pair mation that is confidential, privileged, and proprieta nder at the address and/or telephone number set for in the addresse, except by express authority of th	ning herein is intended to replace lient. Any unauthorized use could ry or exempt from disclosure under ofth herein and obtains instructions s ender to the named addressee.	BMsf_HORMONE REPLACEMENT03 033022

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